

Case Number:	CM15-0079251		
Date Assigned:	04/30/2015	Date of Injury:	08/02/2004
Decision Date:	05/29/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/24/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 66 year old male who sustained an industrial injury on 08/02/2004. According to a psychotherapy progress report dated 01/21/2015, the injured worker's anxiety was reasonably well managed though he was a little aggravated recently with some tension in his case. Examination revealed that the injured worker was a little tense, cooperative and appropriate. Associates were normal. There were no psychotic thoughts. Judgment was normal. Orientation was full. He was well groomed. Language and fund of knowledge was normal. Diagnoses included anxiety and depression. Anxiety was stable on Valium. There were some symptoms of depression but he did not do well with various antidepressant strategies. Treatments to date have included left shoulder surgery, acupuncture, chiropractic care, physical therapy, psychotherapy, medications and injections. Currently under review is the request for weekly visits with a psychologist times five months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Weekly visits with psychologist times five months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. A request was made for weekly visits with the psychologist for 5 months. The request was non-certified by utilization review with the following rationale provided: "In this case, the claimant has attended extensive psychological treatment over the years, in particular over the past 2 years. While the documentation notes continued frustration, loss of hope, difficulty concentrating, the claimant has exceeded the number of sessions recommended by MTUS and ODT guidelines. The claimant has exhausted psychotherapy treatment and the documentation does not support continued intervention." Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. This request is for the equivalent of 5 months of additional psychological treatment, on a weekly basis which would equate to an additional 20 sessions. The patient has been in psychological treatment for an extensive period of time and the total quantity of sessions received to date is unknown. It is clear however that since February 28, 2013 he has been participating and ongoing regular weekly psychotherapy. This request is not consistent with MTUS or official disability guidelines recommend a psychological course of treatment consisting of 13 to 20 sessions for most patients (ODG). An exception can be made for patients with severe major depression/PTSD that would allow up to a maximum of 50 sessions and the equivalent of one year of treatment with clear documentation of patient benefit and objectively measurable functional improvement. In this case the patient appears to have exceeded this guideline as well. For this reason the medical necessity of the request is not established due to the request being excessive in conjunction with excessive treatment quantity already provided. Therefore the utilization review determination for non-certification is upheld. Therefore, the requested treatment is not medically necessary.