

Case Number:	CM15-0091681		
Date Assigned:	05/15/2015	Date of Injury:	01/20/2013
Decision Date:	06/19/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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 50 year old male who sustained a work related injury January 20, 2003. Past history included left cubital tunnel release, s/p left lateral epicondylar release, right carpal tunnel syndrome, s/p anterior cervical discectomy and fusion C6-C7, 2005, s/p left shoulder arthroscopy. According to a primary treating physician's progress report, dated January 23, 2015, the injured worker presented for follow-up of his neck, rated 8/10, left shoulder, rated 8/10, and left arm pain with numbness, rated 7-8/10. He also complains of aching pain and numbness in his left elbow, rated 7/10. Diagnoses are cervical disc herniation at C6-7; headaches; anxiety and stress; cervical disc herniation with intermittent radiculopathy C5-C6. Treatment plan included encouragement to continue seeing the psychiatrist and be cautious with medication. According to a psychologist progress report, dated December 2014, the injured worker was depressed, psychotic, and paranoid. His hands were covered by his sleeves in fear of germs and he was afraid of catching Ebola. Psychotropic medication monthly management has been coordinated with once a month consultation to the benefit of the injured worker. The medication has proven essential as prescribed to prevent regression. In April of 2015, the physician documented; in March, the injured worker was hearing voices and continuing to yell and scream at family members. He was sleeping 5-6 hours a night and believed his medication was helping. Diagnoses are documented as; major depressive disorder/ psychotic features; psychological factures affecting medical condition; somatic symptoms with pain; obsessive-compulsive disorder. At issue, is the request for 20 sessions of individual psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 sessions of individual psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

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. Decision: 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. According to the provided medical records, the patient has been provided with a lengthy and generous course of psychological treatment spanning many years the total number of sessions at the patient has received already to date is not known and could not be estimated. However it appears that he has received perhaps as many as 30 combined psychotherapy/psychiatry sessions or nearly so in 2014. It appears that the patient has been in psychological treatment at the very minimum since 2011 but likely longer. Although the patient remains with severe psychological and psychiatric symptoms, sufficient enough to warrant treatment, the medical records provided suggest that he is already greatly exceeded the recommended treatment maximum per ODG guidelines afforded to patients with the most severe psychological

symptomology. In addition, although there are sufficient subjective reports of patient benefited no objective measures of functional improvement as a direct result of his past psychological treatment were provided. In spite of the continued psychological symptomology that the patient is experiencing, this request greatly exceeds the MTUS/official disability guidelines recommended for treatment duration and quantity; thus, the medical necessity is not established per MTUS/ODG. Therefore, the utilization review determination of non-certification is upheld.