

Case Number:	CM15-0092254		
Date Assigned:	05/18/2015	Date of Injury:	03/13/2012
Decision Date:	06/18/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/13/2015

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 was a 54 year old female, who sustained an industrial injury, March 13, 2012. The injured worker previously received the following treatments Cymbalta, left tibia and fibula surgery, EMG/NCS (electrodiagnostic studies and nerve conduction studies) left lower extremity which showed neurologic changes of the left intrinsic muscles of the left foot. The injured worker was diagnosed with open reduction and internal fixation of the tibia and fibula, mid to lower left tibia and fibula fracture, postoperative infection, blisters to the left foot and toes and industrial related depression. According to progress note of March 20, 2015, the injured workers chief complaint was left lower leg pain. The injured worker rated the pain at 10 out of 10. The injure worker had moderate pain with weight bearing. The injured worker was also complaining of swelling and redness of the left lower extremity. The injured worker was clinical depressed. The injured worker was taking Cymbalta for the depression. The physical exam noted normal gait and station. The inspection of the left lower extremity and ankle was abnormal. There was atrophy of the ankle and foot. There was normal range of motion, sensation and motor function of the ankle. The treatment plan included individual psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: A request was made for 12 sessions of individual psychotherapy; the request was modified to allow for 8 sessions by UR with the following rationale: "The medical reports available to this reviewer have established the medical necessity for psychotherapy sessions. Medical evidence-based guidelines recommend a start of 6-10 sessions. Therefore the request for individual psychotherapy sessions as modified from the request 12 sessions to 8 sessions such that there will be documentation of functional improvement." This IMR is a request to overturn that decision. The medical records submitted for consideration for this IMR consisted of 182 pages, all were carefully considered. According to an initial psychological consultation from February 27, 2015 by [REDACTED], a Licensed Clinical Psychologist, The patient is suffering from significant symptoms of depression and has been diagnosed with the following: Major Depression, single episode, moderate. Twelve sessions of psychological treatment were recommended at that juncture. The provided medical records do not reflect any psychological treatment progress notes and as best as can be determined no psychological treatment has been provided as of the date of this request. According to the MTUS guidelines an initial brief treatment trial of psychological therapy is recommended. This treatment trial shall consist of 3 to 4 sessions in order to determine the patient's responsiveness to treatment as well as to provide documentation of objectively measured functional indices of improvement. According to the official disability guidelines an initial treatment trial is also recommended. The official disability guidelines suggest that the initial treatment trial consists of 4 to 6 sessions. In this case psychological treatment is indicated as medically appropriate and reasonable. The issue is only that the quantity of sessions requested (12) does not follow treatment protocols as recommended in both the official disability guidelines and MTUS. The purpose of the initial brief treatment trial is to establish the patient is

actually improving and benefiting from treatment. Utilization review provided a modification of the initial request to reflect this procedural protocol. Because an initial block of 12 sessions does not follow the protocol, it is not medically necessary per treatment guidelines. Additional sessions can be provided following an contingent upon documentation of medical necessity based on patient benefit measured subjectively and objectively. Because the medical necessity was not established for this reason the utilization review determination is upheld. 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 not medically necessary.