MAXIMUS Federal Services

Case Number:	CM15-0093449		
Date Assigned:	05/20/2015	Date of Injury:	08/10/2001
Decision Date:	06/24/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/15/2015

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 49 year old male, who sustained an industrial injury on 8/10/2001. The current diagnosis is major depressive disorder, recurrent episode, moderate. According to the progress report dated 4/10/2015, the injured worker complains of decreased appetite, less energy, anger, angry outbursts, concentration difficulty, "crying spells", irritability, feelings of sadness, sleeping difficulty, increased worry, and feelings of worthlessness. The current medications are Prozac. Treatment to date has included medication management and psychotherapy. The plan of care includes 20 psychotherapy sessions with psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up office visits (psychiatrist), Qty 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental illness and stress chapter, topic: office visits March 2015 update.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. The ODG also addresses Office Visits & Evaluation and Management (E&M) stating that they are a recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and returned a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment." A request was made for follow-up office visits (Psychiatrist) Quantity: 20 sessions; the request was non-certified by utilization review which offered a modification to allow for 3 follow-up visits. This IMR will address a request to overturn that decision. Psychiatric treatment is indicated for this patient based on continued symptoms of Major Depression, and a documented need for medication adjustment due to continued symptoms of fatigue/lack of energy and that a recently attempted reduction in antidepressant medication was unsuccessful. However, the quantity of sessions being requested, twenty is excessive. While there are no specific guidelines with regards to quantity of follow-up visits, the necessity of documenting and establishing continued medical necessity (including patient benefit) is an essential and ongoing part of the process of all psychological and psychiatric treatment. In addition to this request being excessive in quantity, it also does not specify the frequency of visits in terms of number per month and it is unclear how often the patient would be seen. Assuming that the patient is seen one time per month this would represent nearly 2 years of psychiatric treatment. The provided medical records did not contain any specific psychiatric treatment progress notes from the patient's prior psychiatric treatment nor were there any specific psychiatric treatment summaries provided. Thus it was not possible to determine how frequently the patient has been seen in the past. It is unclear how many psychiatric treatment sessions she has already received, how frequent those sessions were provided, and what the outcome has been in terms of objectively measured functional improvements. There is no specific psychiatric treatment plan for this patient with stated goals and objectives. The medical records that were provided for this review are lacking in sufficient documentation of the patient's prior psychiatric treatment in order to justify overturning the utilization review as no psychiatric records were provided. General medical progress notes were included that briefly mention the patient psychotropic medications but these were not from the treating psychiatrist and were insufficient in documenting medical necessity. Therefore the utilization review determination is not medically necessary.

Psychotherapy sessions, Qty 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Psychological Treatment; See Also Cognitive Behavioral Therapy Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, 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. 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. The request is not medically necessary or established by the provided documentation. The medical records do not discuss in sufficient detail the patient's prior psychological treatment. It is unclear how many sessions she has had to date. The request for 20 sessions exceeds the MTUS/official disability treatment guidelines which recommend a typical course of psychological treatment consist of 13 to 20 session's maximum for most patients. Although an exception can be made in some cases of Severe Major Depression or PTSD, it is not clear that this would apply to this patient. Because there was no provided documentation from the treating psychologist or therapist, the effectiveness of the patient's prior treatment could not be determined. It is not clear whether or not she has had prior psychological treatment. If this is a request for a new course of psychological treatment the request is excessive as it does not follow the MTUS treatment protocol which specifies that an initial block of treatment consisting of 3 to 4 sessions be enacted at the outset of treatment initiation in order to determine patient's responsiveness. Utilization review modified the request to allow for 4 sessions. The request for 20 sessions is excessive and not supported by the provided documentation and therefore the utilization review determination is upheld.