

Case Number:	CM15-0094314		
Date Assigned:	05/20/2015	Date of Injury:	02/12/2013
Decision Date:	06/24/2015	UR Denial Date:	04/13/2015
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 57 year old male, who sustained an industrial injury on 02/12/2003 he complained of lower back pain. He was noted to be status post fusion on 02/17/2001. On provider visit dated 01/22/2015 the injured worker has reported being anxious and depressed. He was noted to experience episodes of panic at times. He also complains of orthopedic pain and physical limitations. He was noted to have difficulty sleeping, concentrating, memory issues and being socially withdrawn and tearful. The diagnoses have included sever major depressive disorder. Treatment to date has included psychotropic medications and an unclear number of completed psychotherapy session. The provider requested individual psychotherapy sessions, once every 2 wks. for 20 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions, once every 2 wks for 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

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. Pages 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 Individual psychotherapy once every 2 weeks for 20 sessions; The request was non-certified with modification by utilization review of the following provided rationale (edited for clarity): Certification of the requested individual psychotherapy is modified to 4 sessions, certification is not recommended for the remaining psychotherapy for 16 sessions. Treatment to date has included at least 20 sessions of cognitive behavioral therapy with improvement and psychotropic medications. Peer discussion identified no recent psychotherapy treatments, last treatment is September 2014, the intention is to re-initiate a new course of treatment. This IMR will address a request to overturn that decision. According to the medical records, the patient has already completed a course of psychological treatment of unknown quantity and duration. This request is to restart treatment. The MTUS guidelines recommend an initial treatment trial consisting of 3 to 4 sessions in order to determine patient's responsiveness to treatment with additional sessions being offered contingent upon documentation of medical necessity as evidenced by objectively measured patient improvement and benefit from treatment. Because this request is for 20 sessions, exceeds the MTUS guidelines for an initial treatment trial and is therefore excessive. Because the request for 20 sessions exceeds MTUS guidelines based on not only the protocol of an initial treatment trial but also on the fact that he is already received a course of psychological treatment, the medical necessity of the request is not established and therefore the request is medically not necessary.