

Case Number:	CM15-0094534		
Date Assigned:	05/21/2015	Date of Injury:	10/08/2008
Decision Date:	06/26/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/18/2015

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 55 year old male who reported an industrial injury on 10/8/2008. His diagnoses, and/or impressions, are noted to include: disorders of bursae and tendons in the shoulder region; pain disorder associated with psychological factors and general medical condition; single episode major depressive disorder; anxiety disorder; and chronic pain. Recent magnetic imaging studies of the lumbar spine were noted on 4/21/2015. His treatments have included acupuncture treatments; psychiatric evaluation and treatment; individual psychotherapy; cognitive behavioral therapy; medication management; and rest from work. The psychological progress notes of 4/15/2015 noted complaints that included significant anxiety with some unusual physical symptoms which interfered with his doing his home assignment. The objective findings were noted to include the use of a cane; left arm in a cast without use of a sling; reported impaired memory/concentration/attention; a depressed and anxious mood; a mood congruent affect; and a thought process that was goal directed and devoid of psychotic features/suicidal and homicidal ideation/plan or intent; his insight was noted to be fair, and his judgment good. The physician's requests for treatments were noted to include continuation of his individual psychotherapy sessions to address chronic pain management, depressed mood and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy, 10 sessions, once weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23, 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. 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. Decision: A request was made for individual psychotherapy 10 sessions, once weekly; the request was non certified by utilization review with an approved modification to allow for 4 visits. The utilization review provided the following rationale for its decision: California MTUS guidelines recommend an initial treatment trial of 3 to 4 psychotherapy visits. In this case there is a history of injury, pain and associated depression and anxiety. There are symptoms and signs to support the diagnosis of depression and anxiety. An initial trial of psychotherapy is warranted. Therefore the request is modified to psychotherapy, 4 sessions once weekly only as medically appropriate and necessary. This IMR will address a request to overturn that 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. The provided medical records to appear to document that the patient is suffering from significant psychological symptomology as a result of his industrial injury and delayed healing that would warrant psychological treatment. The medical records also do reflect that the patient does appear to be making progress and is benefiting from his psychological treatment. However, it could not be determined how many sessions the patient has received to date of psychological treatment. This information is essential as it allows the determination of whether or not 10 additional sessions exceeds the recommended guidelines for psychological treatment. According to a treatment progress note from March 11, 2015 the patient has attended session number 5 of 10. It could not be

determined whether this is a cumulative total of all the treatment that he is already received or if this is relative to an authorization received for 10 sessions. Either way, it appears that the patient has received at least 10 sessions to date, and perhaps more. According to the official disability guidelines for psychological treatment the typical course would consist of 13 to 20 sessions maximum for most patients. There is an exception that can be made in cases of very severe Major Depressive disorder or PTSD. The patient has been diagnosed with the following psychiatric disorders: Pain Disorder associated with psychological factors and a general medical condition; Major Depressive disorder, single episode, severe; and Anxiety Disorder not otherwise specified r/o Panic disorder. Therefore he may be eligible for extended course of psychological treatment per official disability guidelines up to 50 maximum with documentation of significant patient improvement with treatment and progress being made, including objectively measured increased functionality. However as was already mentioned, it appears likely, although it could not be determined definitively, that this request for 10 sessions would exceed the treatment guidelines. Without knowing the precise number of sessions that the patient has completed to date, the medical necessity of this request could not be established. Utilization review authorized a modification of the request to allow for 4 sessions. Additional information regarding session quantity could be provided at the completion of those 4 sessions. With regards to the request to overturn the utilization review decision, the medical necessity could not be established within sufficient certitude to do so therefore the utilization review decision is upheld.