

Case Number:	CM15-0094872		
Date Assigned:	05/20/2015	Date of Injury:	08/09/1999
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
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 56 year old male injured worker suffered an industrial injury on 08/09/1999. The diagnoses included lumbar disc displacement, degenerative lumbar and cervical intervertebral disc disease, and thoracolumbosacral radiculitis. The injured worker had been treated with medications. On 4/24/2015 the treating provider reported pain in the lower back, legs neck and shoulders. He had difficulty sleeping, making decisions, communicating and trouble controlling the emotions. He feels sad, tired, irritable, fearful, nervous, restless, and depressed. The treatment plan included Group Medical Psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Medical Psychotherapy 1 x 12/12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, see also Group therapy 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. Also, ODG Group therapy Recommended as an option. Group therapy should provide a supportive environment in which a patient with Post- traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD (Donovan, 2001) (Foy, 2000) (Rogers, 1999), current findings do not favor any particular type of group therapy over other types. (Foy, 2000) See also PTSD psychotherapy interventions. should provide a supportive environment in which a patient with Post-traumatic stress disorder (PTSD) may participate in therapy with other PTSD patients. While group treatment should be considered for patients with PTSD (Donovan, 2001) (Foy, 2000) (Rogers, 1999), current findings do not favor any particular type of group therapy over other types. (Foy, 2000) See also PTSD psychotherapy interventions. Decision: A request was made for 12 sessions of medical psychotherapy, the request was non-certified by utilization review with the following (edited) provided rationale for its decision: "no (positive) prognosis for materially affecting this patient's functional status with psychotherapy can be envisioned in this context, especially after this protracted course/nearly 16 years. The above offered rationale for this treatment is unsupportable. Psychotherapy is not indicated because there has not been such treatment in this past; is not a clinical rationale that there is an "orthopedic condition" and that it is described subjectively as "progressive" is not the patient's for psychotherapy..." This IMR will address a request to overturn this utilization review determination. 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. In this case it does appear that the patient has received several prior courses of psychological treatment under different therapists of both psychology and psychiatry. Is unknown exactly how much prior psychological treatment the patient has received to date or what the overall outcome of such treatment in the past has been in terms of increased functionality. Although the patient remains psychologically symptomatic and possibly does need psychological treatment, it appears likely that additional therapy exceeds recommended treatment guidelines for psychological treatment quantity and duration. Because the total quantity of prior sessions is unknown it could not be determined definitively whether 12 additional sessions does in fact exceed the guidelines. However because treatment guidelines

recommend a total session quantity for most patients of 13 to 20 sessions maximum it seems likely that it would. In addition, it appears this is a request to restart treatment in which case the request for 12 sessions does not conform with MTUS/official disability protocol. Both the MTUS and the official disability guidelines for chronic pain psychological treatment recommend an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) and 4 to 6 sessions (official disability guidelines) to determine whether or not the patient responds with objectively measured functional improvements that would suggest additional sessions, this request is for 12 sessions which does not conform to the above stated guidelines. Because the request appears to exceed treatment guidelines for quantity and duration and does not follow the initial treatment protocol the request is not medically necessary, the utilization review determination is upheld.