

Case Number:	CM15-0095717		
Date Assigned:	05/22/2015	Date of Injury:	10/12/2007
Decision Date:	06/25/2015	UR Denial Date:	05/05/2015
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 48 year old male, who sustained an industrial injury on 10/12/07. He reported pain in his lower back related to lifting an injured patient. The injured worker was diagnosed as having depression, sleep apnea, lumbosacral neuritis and lumbago. Treatment to date has included psychiatric treatments, lumbar surgery, anti-depressant medications and pain medications. As of the PR2 dated 4/10/15, the injured worker reported feeling depressed and anxious. He indicated feeling significantly overwhelmed and preoccupied. The treating physician will continue to adjust anti-depressant medications and follow-up regularly. The treating physician requested a psych day program with ongoing therapy x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych Day Program with ongoing Therapy , 2 x 6, 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 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 "psych day program with ongoing therapy, 2 x 6, 12 sessions; the request was non-certified by utilization review the following provided rationale: "in this case the documentation provided supports that the claimant is still quite depressed and anxious after finishing treatment at [REDACTED]. The claimant would like more treatment. The documentation provided does not discuss the number of prior psychological treatment visits completed. In addition, there is limited documentation of measurable objective and functional gains in the previously completed treatment to support continued care. Without further clear and detailed information of improvement from the prior care, the medical necessity of additional care is not established." This IMR will address a request to overturn the utilization reviews decision for non- certification. 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. All of the provided medical records were carefully reviewed, they consisted of 64 pages of medical records however at least 25 of them were related to insurance issues. Significant levels of depression and anxiety. There is indication of frequent suicidal ideation as well as neurovegetative symptoms of Major Depressive disorder. Although the patient psychological status is described in sufficient detail in the treatment progress notes that were provided to the extent that provides ample evidence of a need to continue psychological/psychiatric treatment the other 2 qualifying issues according to the MTUS/official disability guidelines are not met. There is no discussion provided whatsoever with regards to the amount of prior treatment sessions at the patient has received to date. It could not be determined or even estimated how many prior sessions he has received. There is no comprehensive psychological evaluation that would indicate when treatment started. Although there were several treatment progress notes from what appears to be his psychiatrist the session notes were not numbered in any way to indicate how many sessions he's had and it's not clear whether he is also been receiving treatment from psychologists or other therapists. There was no discussion provided with regards to the patient's results from prior psychological treatment. Continued psychological treatment is contingent upon establishing medical necessity based on objectively measured functional improvement based on prior sessions. Because none was

provided it could not be established the treatment is benefiting the patient, this is due to a lack of detailed progress notes regarding this issue. The medical necessity of the requested treatment is not established. This is not to say that the patient does not need psychological treatment only that the provided information was insufficient to establish medical necessity of the request. For this reason the utilization review determination of non-certification is upheld.