

Case Number:	CM15-0096420		
Date Assigned:	05/26/2015	Date of Injury:	11/08/2010
Decision Date:	06/25/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/19/2015

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 65 year old male who sustained an industrial injury on 11/08/10. Initial complaints and diagnoses are not available. Treatments to date include medication, individual psychotherapy, home health assistance, improvements to his bathroom, cognitive behavioral therapy, back surgery, physical and aqua therapy. He is walker dependent, and has issues with incontinence. Diagnostic studies include MRIs. Current complaints include depression, anxiety, cognitive issues, and pain. Current diagnoses include low back pain, lumbar herniated nucleus pulpous, sciatica, depression, and insomnia. In a QME report dated 05/05/15 the examiner reports the plan of care as 24 additional counseling sessions with 12 psychiatric consult for medication management. The requested treatments include 10 individual psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten individual psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 10 individual psychotherapy sessions; the request was non-certified by utilization review with the following provided rationale: "records indicate a total of 38 psychotherapy sessions have been certified since April 2012, and the most recent progress reports failed to show significant progress from previously submitted report. The provider also indicated progress towards the patient's treatment goals was slow because of difficulties functioning independently and depression. As the patient has exceeded the quantity of psychotherapy sessions recommended by guidelines and there was a lack of significant progress evidenced in the most recent report, tenure psychotherapy would not fall within guidelines recommendations and is not medically indicated." 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 contain a summary from multiple treatment sessions of psychological therapy that the patient has received to date. By the exact quantity of treatment sessions that he has received is not clearly stated, it was indicated in the utilization review report that he has received at least 33 sessions so far as of the date of this request. The treatment progress notes spanning a period of time of more than a year indicate supportive psychotherapy but contained little information regarding objectively measured functional goals that have been accomplished as a direct result of the treatment and the treatment sessions of themselves appear

to be stagnated based on the provided brief treatment summaries. On May 5, 2015 the patient was diagnosed with the following: Major Depression, Single Episode, Moderate; Sleep Disorder Due To a Medical Condition; Sexual Dysfunction; Opiate Dependence (industrial related). According to a psychological treatment progress note from October 8, 2014 the patient appears to be less depressed and has increased activities last 2 weeks that is helped improve his mood but requires further treatment. While there is evidence in the medical records that the patient has benefited from his psychological treatment, it also is reflected that he has received a quantity of treatment that exceeds the recommended guidelines for his diagnosis which would be 13 to 20 sessions. In addition it does appear that his progress in treatment has reached a plateau and that while the supportive contact of the therapy is of some benefit it doesn't appear to be geared towards leading him towards independent psychological status away from therapy. There was no discussion of a treatment plan leading towards concluding the treatment noticed in this review. The additional sessions are not medically necessary based on the MTUS/ODG guidelines for session quantity and for this reason the utilization review determination is upheld.