

Case Number:	CM14-0111114		
Date Assigned:	09/16/2014	Date of Injury:	01/15/1994
Decision Date:	12/24/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is a licensed Psychologist and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records provided for this IMR, this patient is a 54 year old female who reported a work-related injury that occurred on January 15, 1994. The mechanism of injury was not included in the documentation provided for this review. 36 pages of medical records were provided for this review that contained very little clinical information regarding the patient and her prior treatments. There is a medical diagnosis that states "industrial injury to low and mid back." The patient has made subjective reports of low back and leg pain. There is numbness and tingling with burning and numbness in the feet and urine incontinence. This IMR will address psychological symptomology as it relates to the current requested treatment. Psychiatric medications include Lexapro, Lorazepam, and Ambien. Psychiatric diagnoses includes: Major Depressive Disorder, Single Episode, Moderate; and Pain Disorder Associated with Psychological Factors and a General Medical Condition. Most current progress note was dated May 2014 and states that the patient had bypass surgery and is still having significant pain episodes and flare-ups and that despite the weight loss and bypass surgery her pain level has not decreased. A primary treating psychologist progress note from April and May 2014 indicates that the patient "has complaints of increased depression/anxiety consistent with clinical observations and introduced further cognitive behavioral strategies to separate physical and emotional symptoms, patient responsiveness and help practicing stress management techniques, distraction, pacing/requesting help assertively. A request was made for psychotherapy 2 times monthly for 12 months. The request was non-certified by utilization review however a modification to allow for 6 sessions of psychotherapy was authorized. This IMR will address a request to overturn the UR decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 2 x monthly for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (CBT) Cognitive Behavior Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy, see also Psychological Treatment Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, topic: Cognitive Behavioral Therapy, Psychotherapy guidelines, November 2014 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. The medical necessity of the requested treatment was not established by the documentation provided. There is no details are history of the patient's course of psychological treatment as it is been provided to date. There is no indication of how long treatment has been occurring how frequently or the outcome of prior treatment sessions. Current treatment guidelines recommend 13 to 20 visits over a 7-20 week period of individual sessions if progress is being made. The current guidelines state clearly that the provider should evaluate symptom improvement during the process of treatment so that treatment failures can be identified early an alternative treatment strategies can be pursued, if appropriate. This requested treatment is for one year of treatment. The duration is excessive and exceeds current guidelines; it does not allow for the ongoing process of establishing medical necessity and need for continued treatment due to its excessive duration and session quantity. In addition there was no treatment plan provided with stated goals and expected dates of accomplishment. Details from prior treatment sessions were not provided in terms of outcome or session topics. Because of

these reasons the medical necessity of the request was not established. As such, the request is not medically necessary.