

Case Number:	CM14-0125609		
Date Assigned:	08/11/2014	Date of Injury:	04/14/2010
Decision Date:	12/26/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/07/2014

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 Board Certified in Psychology 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:

The injured worker is a 56 year female with a date of injury including April 14, 2010. The results of the injury include left wrist pain. Diagnosis include secondary depression and stress reaction, forearm/wrist carpal tunnel syndrome, long term use meds nec, pain with psychosocial component, pain, chronic postoperative, and s/p Left distal ulnar hemi-resection with tendon graft. Treatment modalities include home exercises, pain medications, a brace, and notation of a psychiatric consultation on January 3, 2014. Progress report dated July 16, 2014 indicated decreased range of motion to the left wrist when compared to the right and diffuse tenderness to palpation around the left wrist. Treatment plan was to continue permanent and stationary disability, be weaned off medication, and to be evaluated by a psychiatrist for secondary depression and psychosocial maladjustment to chronic pain. Utilization review for dated August 5, 2014 non certified psychological treatment 1 x week x 5 weeks due to lack of supporting documentation including psychological symptoms, objective functional limitations, psychological testing results, a current plan of care, or psychological diagnosis which is required per the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Treatments 1 x week x 5 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; Cognitive Behavioral Therapy Page(s).

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. With respect to the current requested psychological treatment one time per week for 5 weeks, the medical records that were provided for this review were insufficient to support overturning the utilization review non-certification decision. Approximately 33 pages of medical records were provided, but there were no psychological reports, evaluations or progress notes. The rationale for the requested treatment was not stated. There were multiple mentions in the progress notes of the primary treating physician's attempts and efforts to obtain the psychological documentation but that the requests do not appear to have been fulfilled. Psychological documentation with regards to: current patient psychological symptomology, prior history of psychological treatment including duration, quantity and outcome, if any. No active treatment plan specifying goals for continued treatment, were provided. It's unclear whether or not the patient has had prior treatment and if so whether or not it resulted in a benefit and objective functional improvements. In order to establish the medical necessity of psychological treatment documentations supporting the request must be provided. Because the documentation submitted for this request was insufficient to demonstrate the medical necessity of it, the request is not medically necessary.