

Case Number:	CM14-0168267		
Date Assigned:	10/15/2014	Date of Injury:	10/05/2008
Decision Date:	12/03/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 licensed 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:

According to the records that were provided for this IMR, this patient is a 61 year-old male who reported an industrial injury that occurred on October 5, 2008 during the course of his work for [REDACTED] as a massage therapist. The mechanism of injury was unclear. The injury is described as bilateral chronic foot pain and reactive depression. He reports chronic low back and right foot pain. There is a right-sided focal neuropathy of axonal injury involving the lateral dorsal cutaneous branch of the sensory nerve. He is status post right ankle surgery which resulted in the blood clot and continued unresolved pain. Patient has completed a functional restoration program and prior treatments of included physical therapy, aqua therapy, acupuncture, epidural injections to the lumbar spine and cortisone injection to his right ankle. This IMR will focus primarily on his psychological symptomology as it pertains to the requested treatment modality. He has been diagnosed psychologically with the following: Major Depressive Disorder, Single Episode (also described as recurrent), unspecified severity; Anxiety State; Pain Disorder Related to Psychological Factors. A PR-2 progress note mentions patient complaining of anxiety and depression but denying hallucinations and suicidal thoughts. Treatment progress notes pertaining to the patient psychological symptomology were limited, there was mention that the patient continues to see a psychologist (unspecified visits and content of sessions and outcome) and continues to have depressive symptoms. A progress note from the patient's primary treating psychologist from June 2014 states that: "the patient developed psychiatric symptoms of depression and anxiety as a result of his injury and has been treated with cognitive behavioral therapy and psychopharmacology, specifically Wellbutrin which has proved helpful in mitigating some of the symptoms of depression. There is residual depression which we will continue to work on using cognitive behavioral therapy techniques which he responds to quite well." An additional note specifies "we will reestablish the cognitive behavioral skills so that he can begin

to cope and manage with the symptoms much more effectively and continue his functional improvements." Functional improvements were not clarified. A request was made for 6 psychologist follow-up visits, the request was non-certified; the UR rationale was stated as: there is no description of previous treatment noted there are no prior progress notes from psychology identifying response to previous treatment, functional benefit, current treatment plan, or goals to support the medical necessity of additional follow-up visits." In response to the UR determination, a progress note was provided that to address the issues mentioned and stated that: "he has been having worsening of his symptoms of anxiety and depression he notes poor concentration and memory loss as well. His psychological distress is significant enough to interfere with his pain and ability to function. Given the patient's profile there is a high probability that a traditional medical program will result in poor outcome if these underlying psychological factors are not addressed. Because of the psychological problems, his recovery is delayed and he is relying on passive, expensive and frequent medical procedures at the expense of fully developing his independent coping capacity and moving on with his life. Therefore we request 6 follow-up visits with the psychologist to prevent further decompensation of a psychological condition...please note that the patient has had CBT therapy in the past with significant benefits. He was last seen for CBT in September 2013. With the help of previous CBT sessions he was able to cope and manage his pain more effectively. CBT was quite effective in helping the patient stay independent, engaged in his activities of daily living and self-care, and overall maintaining his limited functional abilities up to a point." The letter continues by discussing their belief that the treatment can benefit him. This IMR will address a request to overturn the UR treatment decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Follow-up visits with the psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Loss Data Institute, LLC, Corpus Christi, TX: www.odg-twc.com: Section: Stress/Mental

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy and psychological treatment Page(s): 101.

Decision rationale: The ACOEM guidelines for follow-up visits state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified,

increased, or forward duty) at least once a week if the patient is missing work. According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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. With regards to this request for 6 additional follow-up sessions with a psychologist, the requesting provider included additional information with the request as was noted above. The additional information however did not address the issues that are the reason why the requested treatment was not approved. First the total number of sessions at the patient is had to date was not provided, this is needed in order to determine whether the patient's continued care falls within the above mentioned guidelines for session quantity. It apparently has participated in the functional restoration program, and completed it successfully there is a notation that the FRP taught him coping skills that he has been using. Typically outpatient psychological treatment is tried before patient is set for a FRP, but this is not the case all the time. There were no notes with regards to whether or not the patient received psychological treatment prior to participating in his FRP. Most functional restoration programs have a strong psychological component providing patients with training and coping skills and cognitive behavioral therapy. This is of importance because it suggests that the patient is already most likely had ample psychological treatment. But because there was no discussion of his prior treatment in terms of quantity received it is not clear. Secondly, the issue of objective functional improvements was also not clarified adequately. No objectively measured data was presented that reflects that the patient has, as a result of prior treatment sessions, increased his activities of daily living, has a reduction in work restrictions if applicable, or is exhibiting less dependency on future medical care. There is mention that he as a result of his CBT treatment has been able to maintain independent living better but no further details were discussed with regards to this and nor was there any objective measured documentation. Continued psychological treatment is contingent upon the patient making objectively measured improvements as a result of prior sessions and having had a course of sessions in terms of quantity and duration that is consistent with MTUS/ODG guidelines. Because these issues were not adequately addressed, the medical indication of continued treatment was not established and the request for twelve (12) follow-up visits with the psychologist is not medically necessary and appropriate.