

Case Number:	CM14-0170519		
Date Assigned:	10/20/2014	Date of Injury:	08/02/1999
Decision Date:	12/19/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/15/2014

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 that were provided for this IMR, this patient is a 66 year-old male who reported a work-related injury that occurred on August 2, 1999. The injury occurred during his work in the emergency services [REDACTED] unit when he was managing a behavioral problem with the patient and was thrown against the wall. The patient reports lower/lumbar-sacral back pain with muscle weakness and muscle pain and shoulder. An incomplete list of his medical diagnoses include: cervical and thoracic spinal stenosis; status post thoracic/cervical laminectomy; stroke; status post 2 surgeries for rotator cuff tear; diabetes; hypertension; left lower extremity spasticity with dystonia. This IMR will address his psychological symptoms as it relates to the current requested treatment. Psychologically he has been diagnosed with chronic pain syndrome; depression/anxiety, and chronic insomnia. Regarding prior psychological treatment there is a notation that counseling was transferred from one psychologist with issues of difficulty finding a handicapped accessible office as the patient is requires a motorized wheelchair for ambulation. He receives ongoing home healthcare to assist in activities of daily living 20 hours per week. A psychological consultation report from August 2014 was reviewed and reflects that the patient is expressing symptoms of "depression, anxiety, hopelessness and diminished future prospects regarding an inevitable decline in his physical health." His psychological treatment history was not specified. It is unclear how long the treatment has been provided and how many treatment sessions he's been offered, the outcome of prior treatment sessions is unknown. There was an indication of treatment occurring in April 2012 with symptoms of Major Depressive Disorder, and there is a notation of a prior psychological QME in 2009 and another 2010. Regarding this request, it was recommended that the patient have psychological treatment "bimonthly to facilitate the development of effective psychological pain management strategies, minimize or alleviate anxiety and depression by the

use of cognitive restructuring and emotional expression." The request for: individual psychotherapy bimonthly" unspecified quantity or duration, was non-certified; this IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy bimonthly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy; Psychological Treatment Page(s): 23-2. 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 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. The 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 regards to the current requested treatment, the medical necessity of the procedure was not established by the documentation provided. There was no detailed discussion of the patient's prior psychological/psychiatric history. It is unknown how much psychological treatment he is already had, if any, when it occurred, and what the outcome was in terms of objective functional improvements. There was no specific treatment plan provided with estimated dates of goals being reached. The request itself was nonspecific in terms of duration and quantity essentially being an open ended and therefore unlimited request. Current official disability treatment guidelines recommend that 13-20 sessions are sufficient for most patients. Because the number of sessions the patient is already received to date was not provided it is

unknown whether or not the current requested treatment for unspecified quantity of sessions would fall within these guidelines. The medical necessity of an open ended and unlimited course of psychological care, without supporting data regarding prior treatment history and outcome is not substantiated; therefore the request is not medically necessary.