

Case Number:	CM14-0184658		
Date Assigned:	11/12/2014	Date of Injury:	07/29/2011
Decision Date:	03/05/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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 51 year old male who sustained an industrial injury on 7/29/11. The injured worker reported symptoms in the bilateral heel, back and knee pain. The diagnoses included fractures of bilateral heels status post-surgical fixation with Potassium-wire which was subsequently removed at the left heel, chronic sprain/strain of the lumbar spine flare-up post laminectomies and discectomies for the lower levels of the lumbar spine (L3-S1) 1/24/13, Status post arthroscopic surgery and meniscectomy of the left knee 8/9/13 and the right knee 8/10/12, healed fracture of the tibial plateau of the right knee status post fall on 10/19/13. Treatments to date have included oral medications, a cane for ambulation, Velcro-fastening lumbar back support, and sleeve pull-on support. Provider documentation dated 9/9/14 noted the injured worker presents with limited spine range of motion, pain rated at "seven out of ten at rest and ten out of ten with activity" the treating physician is requesting 6 psychotherapy sessions. On 10/6/14 Utilization Review non-certified 6 psychotherapy sessions citing California Medical Treatment Utilization Schedule.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 psychotherapy sessions.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy see also psychological treatment.. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 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 recommend 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. 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. On the date of his injury the patient fell down an elevator shaft approximately 15 feet high landing on his ankles and sustaining traumatic injury to multiple body parts resulting in back surgery in January 2013 with good relief of his symptoms until November 2013 when severe pain to his low back with radiating pain to his legs returned. According to an agreed medical re-evaluation from April 26, 2014 review of the medical records, on September 16, 2012 the patient was seen by a psychologist and was diagnosed with: PTSD, Depression Not Otherwise Specified, and Chronic Pain Associated with Psychological Factors. The psychologist stated he could "use more visits to help come to grips better with symptoms and emotions and he still feels very much under pressure physically, emotionally, and financially." He also received psychiatric treatment at that time. Although there was this mention of prior psychological treatment, the notation came within the context of a larger review of the patient's condition and the actual note was not provided nor was there any additional information regarding this prior course of psychological treatment. Specifically, information regarding the type of psychological treatment provided, the quantity of sessions provided and the outcome was not available. A medical record from June 2, 2014 states that "the patient has tried psychiatric therapy and experienced no relief, the patient has tried spinal surgery and experienced some relief. He reports depression and anxiety." The entire medical chart that was provided for this IMR was carefully reviewed and consisted of 107 pages of mostly clinical documents. Although his medical condition was very well represented in the medical notes there were no supporting documents

provided whatsoever from his treating Psychologist/therapist who requested these 6 sessions. It was impossible to determine how much treatment the patient has had to date. Additional psychological treatment is contingent upon the 3 factors: significant patient psychological symptomology, that the total quantity and duration of treatment that the patient is already received is consistent with treatment guidelines, and that there is ample documentation of patient benefit from prior treatment including objective functional improvement. Because there were no medical records provided from the primary treating psychologist or therapist these 3 areas were not substantiated by the medical records that were provided. No treatment plan was provided with stated goals and anticipated dates of completion was provided. There were 2 very brief notes from his treating Psychiatrist but these did not establish the medical necessity of continued psychological treatment. The patient may be in need of psychological treatment, however without additional information regarding what is already been provided and the outcome of prior treatment medical necessity was not established and additional sessions not supported. Because medical necessity was not established the utilization review determination for non-certification is upheld.