

Case Number:	CM14-0187330		
Date Assigned:	11/17/2014	Date of Injury:	08/21/2013
Decision Date:	01/06/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/10/2014

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:

According to the records as they were provided for this IMR, this patient is a 53 year old male who reported an industrial related injury that occurred on August 21, 2013 during the course of his employment for [REDACTED]. The injury occurred when he leaned over to grab a chop saw, weighing 30 to 40 pounds and felt a pop in his back when he attempted to lift it, resulting in sharp, stabbing pain. There was one prior work compensation claim from 1990 described as "harassment by manager while he was employed at a shoe factory that resulted in one psychological evaluation but no psychological treatment." On November 5, 2013 he underwent an L-1 laminectomy which aggravated his symptoms and while he was receiving an MRI the following day he was accidentally dropped by the MRI technicians and fell on his left side striking his shoulder on the ground and twisting his low/mid back, and neck. He had in emergency L1-L2 posterior fusion. He reports that the two surgeries have aggravated his symptom and not been helpful. Physical therapy resulted in a blood clot. There is consideration of a reversal of the fusion but he is concerned about being possibly paralyzed. The patient reports being entirely dependent on his family and wife. He has daily severe low back pain that radiates into the bilateral lower extremities with persistent sharp stabbing sensations. He requires a cane to ambulate. An initial psychological evaluation was completed; psychologically, he is noted to be severely depressed with high levels of anxiety and depression, the patient reports also having recurrent passive thoughts of suicide w/o plan/intention and poor sleep quality and episodic anger and irritability. He is socially withdrawn, tearful with decreased libido, concentration and memory. He is diagnosed with Major Depressive Disorder, Single Episode, Moderate; Male Hypoactive Sexual Desire Disorder; Somatic Symptoms Disorder with Predominant Pain, Persistent, Severe; and Psychological Factors Affecting Another Medical Condition (depression and anxiety aggravating G.I. symptoms, cardiovascular symptoms, hypertension, diabetes, and

fatigue. Four PR-2 progress notes were found from August and September from what might be the patient's treating psychotherapist listed as an MFT/ M.A. however there is no clinical data on the report and it appears there are large empty spaces where perhaps the clinical information did not transmit correctly, or it was just not included. No psychological treatment clinical information was provided for this review. All of these Pr-2 progress notes state mention the following diagnosis: adjustment reaction with depression and anxiety secondary to chronic pain and disability, further indicating that these 4 reports are possibly incomplete psychological progress notes. A request was made for 12 sessions of psychotherapy, the request was non-certified; utilization review rationale was stated that: "it is unclear whether the claimant has received any psychotherapy yet. Apparently the claimant was approved for 12 sessions on May 2, 2014. However progress notes was not submitted and therefore there is no evidence of objective functional improvement." This IMR will address a request to overturn the UR determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve sessions of psychotherapy management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Cognitive Behavioral Therapy Pag. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness And Stress Chapter, 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 post-traumatic stress disorder (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. 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. Based on the medical records provided, the medical necessity of the requested treatment was not established. Four hundred and forty-two pages of medical records were carefully reviewed. The patient does appear to be an appropriate candidate for psychological treatment based on his psychological symptomology which was well documented. There is some confusion with regards to the status of this patient's psychological treatment that was not cleared up by the review. It appears that he was authorized for 12 sessions of psychological treatment; there are indications in the medical records that they were approved. However, there are no clear progress notes with regards to these treatment sessions. Several PR-2 progress notes that appeared to be from a Masters-level psychological treatment provider were included; however there was no specific psychological clinical treatment information on these pages. Continued psychotherapy treatment is contingent upon not only significant patient psychological symptomology, but also documentation that the patient is benefiting from treatment and making progress as a function of receiving psychological care. This is typically defined as objective functional improvements that can be measured and quantified and reflect improvements in activities of daily living, decreased dependency on future medical care and a reduction in work restrictions, if applicable. None of this was provided for the current review. The recommended course of psychological treatment for most patients based on current disability guidelines consists of 13 to 20 sessions if progress is being made. Because it's unclear how many sessions the patient is already received, if any, and it is also unclear if there were any objective functional improvements that were derived from prior sessions, if any; the medical necessity of the request was not established. Because medical necessity was not established the utilization review determination for non-certification is upheld.