

Case Number:	CM14-0191616		
Date Assigned:	11/25/2014	Date of Injury:	02/15/2013
Decision Date:	01/09/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/17/2014

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 provided records, this patient is a 35 year old female who reported a work-related injury on February 15, 2013 during the course of her employment for [REDACTED]. There are notations of a prior injury in June 2012 and 2009. The injury reportedly occurred as a result of her work as a machine operator (12 years) when she was bending forward and pushing a conveyor belt. She reported neck and upper back pain. Medically, a partial list of her diagnoses includes: lumbar and cervical disc syndrome, cervical, thoracic and lumbar sprain/strain; segmental dysfunction in the thoracic, lumbar and cervical spine. Additional medical diagnoses includes chronic left shoulder impingement syndrome with partial rotator cuff tear. Prior treatments of included conventional physical medicine and pain management, chiropractic, acupuncture. Psychologically, she reports feeling stressed, depressed, and has difficulty sleeping. There was no formal psychological diagnoses provided in the records for this review nor was there any detailed discussion of psychological/psychiatric symptomology that the patient A request was made for 15-20 sessions of individual weekly psychotherapy/cognitive behavioral therapy, the request was non-certified by utilization review; 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:

15-20 Sessions of individual weekly psychotherapy/cognitive behavioral therapy: Upheld

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

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, cognitive behavioral therapy, psychotherapy guidelines

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. 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 for 15-20 sessions of individual weekly psychotherapy, medical records provided do not support the medical necessity of this request. It was unclear after careful review whether or not this was a request for an initial treatment trial or if the patient has had prior psychological treatment. If this is in fact a request for an initial treatment trial then the MTUS/ODG guidelines specifically state that an initial treatment trial consisted of 3 to 4 sessions should be conducted to determine whether or not the patient responds with objective functional improvements. If this patient has already received psychological care in the past there was no documentation reflecting what she received in terms of quantity and duration, the format of the prior treatment, and any outcomes that were derived from them. No active treatment plan was presented with regards to this request for 15-20 sessions it would indicate that precisely the therapy would be addressing and what expected outcomes would be achieved with dates of reasonable estimated accomplishment. The official disability guidelines state that for most patients a maximum of 13-20 visits over a 7 to 20 week period can be offered if progress is being made. This particular request is for 15-20 sessions which represent the upper maximum of the range. The guidelines specifically state that 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. This request for 20 sessions, the equivalent of 5 months of treatment, would not allow for that process to occur. Because the request does not establish medical necessity, the requested treatment is not medically necessary.

