

Case Number:	CM14-0194507		
Date Assigned:	12/02/2014	Date of Injury:	10/06/2010
Decision Date:	01/14/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/20/2014

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:

The patient is a 53 year old with a work injury dated 11/11/12. The diagnoses include low back pain, possible lumbar radiculopathy, chronic neck pain, clinically consistent cervical radiculopathy, bilateral wrist and hand pain, right wrist TFCC tears. Under consideration are requests for Relistor 12mg. Patient returns with persistent low back and neck pain. Her neck pain mostly radiates to the right upper extremity but also has some neck pain radiating to the left upper extremity. She describe her pain as tingling and numbness in the bilateral upper extremities associated with shooting pain in the right shoulder region radiating to the right upper extremity. She feels savella is helping her significantly for her tingling and numbness as well as for depression. She recently had left carpal tunnel release but has ongoing tingling and numbness in the bilateral upper extremities. She also has constipation associated with medications. On physical exam spasms noted in the cervical paraspinal muscles and stiffness noted in the cervical spine. There is limited mobility noted in the cervical spine secondary to pain. Dysesthesia noted to light touch in the right upper extremity. A scar noted in the left wrist and proximal hand status post carpal tunnel release. There are spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. Antalgic gait noted and she is using a cane for ambulation. Her treatment plan includes prescriptions for Senna, Relistor, Duragesic patch; MRI of the neck; psychiatric consult. A 9/17/14 progress note states that the patient has constipation and she is currently taking docusate sodium, senokot-S and lactulose which are not helping for her persistent constipation. Utilization review dated 10/23/14 stated that reviewing physician had a phone conversation with the treating physician and states that regarding the Relistor, the doctor wished to withdraw this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 session of CT and relaxation training sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23-24. 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 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) allows for 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 requested treatment, the medical necessity the requested treatment was not established. There was insufficient documentation provided with this review to support overturning the utilization review determination for non-certification. There were no psychological treatment progress notes provided for consideration. Only the initial psychological evaluation was included for consideration. No individual session notes were found. The initial exam did substantiate the patient's psychological symptomology and provided a rationale for treatment. The utilization review determination rationale for non-certification states that she has received 8 treatment sessions, and that there was objective functional improvement as measured by the Beck indices. However, these documents were not provided for this review and therefore were not available for consideration. Because there was no documentation regarding the patient's 8 sessions of psychological treatment, the criteria of establishing patient benefit and improvement derived from treatment was not met. According to the official disability guidelines patients may have up to a maximum of 13-20 visits over a 7 to 20 week period of individual sessions of progress is being made. No current treatment plan for the patient's psychological care was provided including treatment goals and expected dates of accomplishment. Based on the information provided it appears she may have had only 8 sessions

and therefore may be eligible for additional treatment if determined to be medically necessary. However, the medical necessity of additional treatment needs to be adequately documented, and because these documents were not provided for consideration, it was not. Because medical necessity was not adequately documented, the medical necessity was not established and because of this, the utilization review determination is upheld.