

Case Number:	CM15-0002924		
Date Assigned:	01/13/2015	Date of Injury:	04/23/1999
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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 53 year old male with an industrial injury dated 04/23/1999. His diagnoses include right long thoracic nerve injury and chronic neuropathic pain. Recent diagnostic testing was not submitted or discussed. He has been treated with multiple medications including Lyrica which resulted in mood swings and Zyrtec which increased mood swings and irritability. The clinical documentation also included several psychotherapy evaluations and consultation reports. In a progress note dated 12/12/2014, the treating physician reports mood swings despite treatment. The objective examination revealed slowness and guarding in transfers and ambulation, multiple areas of atrophy, tenderness to palpation to bilateral knees, right shoulder tenderness with decreased range of motion, and decreased range of motion in the left shoulder. The treating physician is requesting psychotherapy sessions which was modified by the utilization review. On 12/15/2014, Utilization Review modified a request for psychotherapy sessions to the approval of 6 psychotherapy sessions, noting the recommendation for 6 trial visits over a period of 3-6 weeks. The ODG Guidelines were cited. On 01/06/2015, the injured worker submitted an application for IMR for review of psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines see als.

Decision rationale: Citation Summary: 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. Decision: Continued psychological care is contingent upon the following factors: significant patient's psychological symptomology, patient benefit from prior treatment sessions including documentation of objective functional improvement as a direct result of treatment, and that the total quantity and duration of treatment provided consistent with the above stated guidelines. With regards to this treatment, the total quantity of sessions it has been provided was not clearly stated but it is apparent that he has received psychological care over a period of multiple years. Utilization review offers a modification of a request for 12 sessions to allow for 6 sessions with the understanding that the need for treatment is because of increased pain and irritation as a result of the medication side effect (Zyrtec) that has flared up his pain condition and that with psychological treatment he reports a sense of hope and calmness/relaxation after each session. The medical necessity of this request was not established given that the duration treatment and quantity of sessions that the patient has already received exceeds standard recognized treatment guidelines. Therefore the utilization review determination is upheld.