

Case Number:	CM15-0007896		
Date Assigned:	01/26/2015	Date of Injury:	05/16/2012
Decision Date:	03/16/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/14/2015

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 45 year old female who sustained an industrial injury reported on 5/16/2012. She has reported left hip, lower back and neck complaints. The diagnoses have included lumbago; and cervicgia. Treatments to date have included consultations; diagnostic imaging studies; status-post right foot and ankle surgery; status-post right knee meniscectomy (11/1/13); physical therapy sessions (many missed 9/24); injection therapy; double strap brace; and medication management. The work status classification for this injured worker (IW) was noted to be permanent and stationary and working with modified work duties. On 12/22/2014 Utilization Review (UR) modified, for medical necessity, the request made on 12/16/2014, for psychological counseling x 6 - to x 1. The Medical Treatment Utilization Schedule, chronic pain treatment guidelines, and the Official Disability Guidelines for work loss data, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological counseling x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. See al. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines. February 2015 update.

Decision rationale: Guidelines: 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. 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: Utilization Review stated that: "it does appear that this woman has multiple problems and she would benefit from a mental health evaluation. One psychological evaluation would be appropriate at this time. If further psychological treatment is necessary then we would want to have at a minimum a typed mental status exam, a psychiatric problem list, specific target goals of psychological treatment and a backup plan for the psychotropic medication if she did not respond to a short treatment of psychological therapy. Therefore, one psychological counseling evaluation is recommended for certification and the remainder sessions are recommended for non-certification until the treatment plan is provided." All of the provided medical records were carefully reviewed for this request. There was no comprehensive psychological evaluation, list of patient psychiatric/psychological symptoms, nor was there a treatment plan was stated goals and anticipated dates of accomplishment provided for this request for 6 treatment sessions. The utilization review determination to allow for one session to put together this information was correct. Is unclear whether or not this has occurred but none of the information if it has occurred has been provided for this review. In the absence of sufficient information detailing the rules and of the treatment being requested as well as the patient's current diagnosis and psychological status the medical necessity of the request cannot be established. This is not to say that the patient does, or does not need treatment only that it could not be established by the documentation provided. Because of this reason the utilization review determination is upheld.