

Case Number:	CM15-0008461		
Date Assigned:	01/23/2015	Date of Injury:	02/01/2011
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
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 46 year old male, who sustained an industrial injury on 02/01/2011. He has reported sharp pain between the index finger and middle finger of the right hand that progressively spread to the wrist, forearm, elbow, and shoulder secondary to repetitive work. The injured worker was diagnosed with carpal tunnel syndrome, status post carpal tunnel release, status post lateral epicondylitis, ulnar nerve lesion, status post cubital and guyon canal release, and laxity of ligament with right scapholunate dissociation. Treatment to date has included multiple above listed surgical procedures, physical therapy, and oral medication regimen. Currently, the injured worker reports of improvement to the gripping, grasping, and torqueing to the right arm, with difficulty carrying over fifteen pounds, and an improvement in pain. The injured worker also reports significant depression, not sleeping well, irritable mood, frustration and concern related to the pain and its effect on his life, and poor interest in activities, energy and concentration. The treating physician requested pain management counseling to learn pain coping skills and stress management secondary to his persistent depression. On 12/16/2014 Utilization Review non-certified the request for pain management counseling one visit a week times eight weeks for a total of eight, noting the California Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Counseling 1x/week x 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological treatment, see also cognitive behavioral therapy. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines

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. According to an agreed medical examination from July 11, 2014 the patient has been diagnosed with the following psychological disorders: Adjustment disorder with mixed anxiety and depressed mood. The patient has been treating with a psychiatrist since September 2, 2012. The AME stated "Is not clear that additional psychotherapy will be of benefit at this point, but psychopharmacology should be continued throughout his scheduled surgery and recovery." The patient has received an unknown quantity of psychological treatment but there are progress notes from his primary treating therapist that were found from October 1, 2013. A treatment progress note from the patient's psychiatrist from May 16, 2014 states "(he should) continue with supportive therapy, patient can benefit from cognitive behavioral therapy." His diagnosis was changed to Major depressive disorder, first episode, moderate severity. Regarding the request for additional 8 sessions of psychotherapy, the utilization review noncertified the request stating that "given that the AME has not recommended additional psychotherapy or counseling for this patient, this request is not medically substantiated. Additionally it would be necessary to review the records from (his psychiatrist) in this regard. It is unclear if the patient continues to receive psychotropic medications, as these are not listed in the reports from (his primary treating physician). Before considering additional psychotherapy or counseling, it would

be necessary to attempt to optimize the patient's psychotropic medications, and it is unclear if this has been accomplished. Therefore the recommendation is for non-certification." All medical records that were provided for this IMR were carefully reviewed. There were no medical records provided from the primary treating psychotherapist. There was one or two progress notes from the treating psychiatrist but none with regards to his prior psychological therapy. It is unclear how many sessions of psychotherapy he has received. It is unclear whether or not there has been any significant patient benefit from prior treatment. There was no communication with regards to this request for additional therapy from the treating psychotherapist. Due to insufficient supporting documentation the medical necessity of the request could not be substantiated. Continued psychological treatment is contingent upon: significant patient symptomology, total quantity and duration of treatment sessions conforming to MTUS/official disability guidelines, and documentation of significant patient benefit including objective functional improvements. Because these criteria were not met, the medical necessity request is not established and therefore the utilization review determination for non-certification is upheld.