

Case Number:	CM15-0107975		
Date Assigned:	06/12/2015	Date of Injury:	01/12/2010
Decision Date:	07/14/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/04/2015

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 55 year old male who sustained an industrial injury on 1/12/10. The injured worker was diagnosed as having right L4 and right L5 radiculopathy with right lower extremity weakness, lumbar disc protrusion, lumbar stenosis, bilateral knee internal derangement, bilateral severe knee degenerative joint disease, chronic knee pain, chronic low back pain and chronic bilateral shoulder pain. Currently, the injured worker was with complaints of pain in the left shoulder and lower back with radiation to the lower extremities. Previous treatments included medication management, injection therapy and status post bilateral knee arthroscopies. Previous diagnostic studies included radiographic studies. Physical examination was notable for tenderness to palpation to bilateral knees, restricted range of motion to bilateral shoulders, lumbar spine and knees. The plan of care was for individual psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy, quantity: 6 sessions: 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 ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update. Decision based on Non-MTUS Citation Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24.

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 measurable/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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for individual psychotherapy, quantity: 6 sessions; a request was non-certified by utilization review which stated the following as its rationale for its decision: "there is no documentation of claimants psychological symptomology or details regarding the need for psychotherapy. Given the lack of sufficient clinical information, including a psych evaluation and details regarding the claimants like symptoms, request not medically necessary at this time." This IMR will address a request to overturn the utilization review decision for non-certification of the request. Decision: Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. All the medical records that were provided for this independent medical review were carefully considered. The medical records consisted of 332 pages. According to a March 18, 2015 physicians treatment progress report the patient is reported to be "doing well recovering from R-TKA mostly having issues with anxiety and loss of sleep." On a similar treatment progress note from December 2014 under the list of impressions and diagnoses there is no mention of any psychological or psychiatric diagnoses. This was the only mention of any psychological issues in the entire medical records. There is no comprehensive or clear stated rationale for the request for psychological treatment no indication whether or not the patient has received psychological treatment in the past and if so what response was to it. Although a

comprehensive psychological evaluation is not required in all cases one was not included in the medical records provided for review. In the absence of any psychological diagnosis, psychiatric diagnosis, indication of significant psychological or psychiatric symptomology were stated rationale for the reason for the requested treatment the medical necessity of the request could not be established. This not to say that the patient does, or does not require psychological treatment only that the medical necessity the request was not established by the provided documents. Because the medical necessity was not established, the utilization review determination for non-certification is upheld.