

Case Number:	CM15-0130191		
Date Assigned:	07/20/2015	Date of Injury:	09/15/2001
Decision Date:	08/17/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/02/2015

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 60 year old female who sustained an industrial injury on 09/15/01. Initial complaints and diagnoses are not available. Treatments to date include medications, trigger point injections, spinal fusion, cognitive behavioral therapy, and aqua therapy. Diagnostic studies include a MRI of the lumbar spine. Current complaints include chronic low back and bilateral knee pain. Current diagnoses include dystrophy reflex sympathetic lower left knee, long term use of meds, and chronic pain syndrome. In a progress note dated 05/21/15 the treating provider reports the plan of care as medications including Lyrica, Lidoderm patches, Voltaren, cyclobenzaprine, Duragesic, pantoprazole, naproxen, and Hydrocodonebit/apap; as well as additional cognitive behavioral therapy, trigger point injections, and aqua therapy. The requested treatments include 8 psychologist follow-up sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 follow up Visits with a psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Online Edition Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

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 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 8 follow visits with the psychologist, the request was modified by utilization review to allow for 6 sessions the remaining two sessions not certified. Utilization review provided the following rationale: "ODG psychotherapy guidelines indicate an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of 13 to 20 visits over 13 to 20 weeks. Given (the patient's) clinical history including chronic pain and depression, the request for 8 follow visits with the psychologist is modified to certify 6 visits over 6 weeks which is consistent with treatment guidelines." This IMR will address a request to overturn the utilization review decision." (The) patient does continue to complain of depressive symptoms. She does exhibit failed coping mechanisms. She has undergone the functional restoration program in the past and according to the patient should was not able to complete this secondary to the pain. We believe that the patient requires psychological consultation and cognitive behavioral therapy in order to help her cope with her pain better." 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. At the start of a new course of psychological treatment, the MTUS guidelines recommend an initial brief treatment trial consisting of 3 to 4 sessions and the OD G recommends the treatment trial consists of 4 to 6 sessions maximum. The

request for 8 sessions exceeds the ODG guidelines by 2 sessions for an initial treatment trial hence the modification proposed by utilization review. The medical necessity of 8 follow visits the initial brief treatment trial by 4 to 5 sessions, it also exceeds the more lengthy official disability guidelines by 2 to 4 sessions. Because the request exceeds guidelines the medical necessity the request is not established and therefore the utilization review decision is upheld.