

Case Number:	CM15-0132490		
Date Assigned:	07/20/2015	Date of Injury:	05/03/2011
Decision Date:	08/18/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/09/2015

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 61-year-old male, who sustained an industrial injury on 5/3/2010. Diagnoses have included cervical spondylosis without myelopathy, carpal tunnel syndrome, lumbar region sprain-strain and lesion of ulnar nerve. Treatment to date has included physical therapy, a home exercise program and medication. According to the progress report dated 5/18/2015, the injured worker complained of chronic neck, bilateral upper extremity and back pain. He rated his pain as eight out of ten. He complained of shocking pain doing down his upper extremities which he felt might be due to Buprenorphine. He complained of anxiety and depression. He was taking Valium for anxiety, depression and insomnia. Objective findings revealed that the injured worker was alert and oriented with an appropriate mood and affect. Authorization was requested for follow up visits with the psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with psychologist x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405, Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, 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: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. 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. A request was made for 6 follow-up sessions with a psychologist, the request was modified by utilization review to allow for 4 sessions with a notation that "an extension of treatment may be requested with evidence of objective functional improvement." The rationale cited by the utilization review for its decision was industrial guidelines indicate that an initial treatment trial of 3 to 4 psychotherapy visits over 2 weeks is recommended in a total of up to 6 to 10 visits over 5 to 6 weeks of individual sessions with evidence of objective functional improvement. This IMR will address a request to overturn that decision and allow for all 6 of the requested sessions. According to an initial psychological evaluation from June 17, 2015 the patient has been diagnosed with the following psychiatric disorders: "Unspecified Depressive Disorder; Unspecified Anxiety Disorder." The medical necessity for 6 psychological treatment sessions was not established by the provided documentation. The patient was injured in May 2010, there is no mention of whether or not the patient has received prior psychological treatment on an industrial basis for his injury. This

information is needed as his injury has occurred considerable time ago, and it appears possible that he has received some prior psychological treatment, although this could not be determined definitively. If this is a request to start a new course of psychological treatment in the patient is not received any prior psychological treatments than the request exceeds the MTUS guidelines for an initial brief treatment protocol consisting of 3 to 4 sessions. If this is a request to continue an ongoing or to restart a previously completed psychological treatment then there needs to be information regarding duration and outcome of that treatment. Because of this, the request for 6 sessions is not supported, however it is noted that 4 sessions were authorized by utilization review which would give the provider an opportunity to clarify the nature of this request and to provide any supporting information is needed. This decision is not to say that the patient does, or does not require psychological intervention only that this particular request is not supported by the provided documentation included for consideration for this IMR. There was ample documentation of the patient's medical condition but absent was any information about whether prior psychological treatment had occurred. For this reason medical necessity is not established and the utilization review decision for modification is upheld. The request is not medically necessary.