

Case Number:	CM15-0140261		
Date Assigned:	07/30/2015	Date of Injury:	10/30/2012
Decision Date:	08/31/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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 54 year old female patient who sustained an industrial injury on October 30, 2012. The accident was described as having slipped and fallen while at work with resulting injury. She was treated for an ankle fracture, left rotator cuff tear, and tendinitis with surgical intervention. A recent consultation dated June 15, 2015 reported chief current complaint of left shoulder, left arm, left hand and ankle pain. Current medications are: Norco and Meloxicam. She remains permanent and stationary. The following diagnoses are applied: status post left shoulder decompression and debridement; left ankle open reduction and internal fixation, excellent reduction of her pain and chronic left ankle pain. The plan of care noted continuing with Meloxicam 50mg one tablet daily, Norco 5-325mg one table every 12 hours as needed, and application of heat. The initial report of illness dated October 30, 2012 reported shoulder and ankle pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche therapy 2 times a week for 8 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS 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: 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 "psyche therapy 2 times a week for 8 weeks"; the request was non-certified by utilization review which provided the following rationale for its decision: "as there is no information concerning the previous therapy such as the functional outcome, this request is not medically necessary or appropriate." This IMR will address a request to overturn the utilization review 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. The provided medical records were carefully reviewed in their entirety. The provided medical records did not contain any psychological treatment data regarding this patient's prior psychological treatment history. There is no comprehensive psychological evaluation nor are there any psychological treatment progress notes for treatment summaries. It is not even entirely clear whether or not she has had prior psychological treatment other than a brief mention of such in the utilization review rationale. It is unknown how much prior psychological treatment the patient has already received to date. It is also unknown whether or not the patient has derived benefit from prior treatment. This information is needed in order to determine whether or not the request is consistent with MTUS/official disability guidelines which recommend a course of psychological treatment consisting of 13 to 20 sessions maximum for most patients. There is no

submitted treatment plan for the requested sessions with objective goals and estimated dates of accomplishment. Without detailed information regarding the patient's prior psychological treatment, as well as an active treatment plan for the requested sessions, the request is not medically necessary. Because the medical necessity could not be determined the utilization reviews decision for non-certification is upheld.