MAXIMUS Federal Services

Case Number:	CM15-0145984		
Date Assigned:	08/06/2015	Date of Injury:	10/14/2000
Decision Date:	09/15/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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 48-year-old female, who sustained an industrial injury on 10-14-00. The diagnoses have included recurrent major depressive disorder, anxiety, insomnia, cervical degenerative disc disease (DDD), chronic neck pain, chronic pain syndrome, and left shoulder surgery. Treatment to date has included medications, heat packs, ice packs, hot showers, stretching, diagnostics, Transcutaneous electrical nerve stimulation (TENS), trigger point injections, Currently, as per the physician progress note dated 7-1-15, the injured worker complains of chronic neck and shoulder pain that sometimes leads to headaches. The objective findings reveal that she ambulates without use of a device. There is tenderness to palpation and taut palpable bands over the cervical paraspinals and trapezius with multiple trigger points. She has limited left shoulder range of motion, positive Hawkins test, and tenderness over the left anterior shoulder. She received trigger point injections to five areas and tolerated the procedure well. There is no previous diagnostics noted and there is no previous Cognitive Behavioral Therapy (CBT) sessions noted. The physician notes that the injured worker has poor coping mechanisms and the psychiatrist recommends Cognitive Behavioral Therapy (CBT), as the pain is triggered by stress. The physician requested treatment included Cognitive Behavioral Therapy x10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy x10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress.

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: 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 10 sessions of cognitive behavioral therapy; the request was non-certified by utilization review of the following rationale provided: "the provider recommends cognitive behavioral therapy is pain is triggered by stress and that the claimant has poor coping mechanism. However, there is limited evidence of current specific psychological symptoms that affect the claimant's current function and. The examination shows the claimant has a stable affect. In addition, it is noted that the medications are working well and the claimant is compliant with the current medications. Given these reasons, the medical necessity of the requested intervention is not established." This IMR will address a request to overturn the utilization review decision. According to a psychiatric treatment progress report from March 13, 2015 the patient is noted to have major depressive disorder, sleep disorder, anxiety disorder and is currently taking several psychotropic medications. It was noted on May 27, 2015 that the claimant had left shoulder decompression surgery in March and bilateral ulnar nerve transposition. It is also noted that in July the patient underwent trigger point injections with temporary relief is taking significant quantities of several opiate pain medications. The general overall impression of the medical records indicate that the patient is in fact and, in contrast to the UR report, experiencing psychological symptomology at a clinically significant level that would suggest treatment may be medically necessary. However there are several reasons why this particular request does not fully established the medical necessity based on industrial guidelines for treatment. First, the patient was injured in October 2000, it is unclear if the patient has had prior psychological treatment and if so when, how much and what was the outcome in terms of functional improvement. Detailed information regarding

any prior psychological treatment would be needed in order to establish the medical necessity of this current request. Secondly, the request for ten sessions does not comply with either the MTUS o r the Official Disability Guidelines both of which recommend an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions official (ODG) in order to determine patient's responsiveness to treatment prior to authorizing a more lengthy course of sessions. Lastly, there is no psychological evaluation provided to establish a baseline for this treatment. It is important to know the patient has had a comprehensive psychological evaluation the past if so when it occurred. For these reasons the medical necessity and appropriateness of the request is not been fully established and therefore the utilization review decision is upheld. The above request is not medically necessary.