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| Case Number: | CM15-0147683 | | |
| Date Assigned: | 08/10/2015 | Date of Injury: | 05/06/2010 |
| Decision Date: | 09/18/2015 | UR Denial Date: | 06/30/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

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:

This injured worker is a 41 year old female who reported an industrial injury on 5-6-2010. Her diagnoses, and or impression, were noted to include: mid-thoracic antero-posterior pain, status-post thoracic spine reconstruction; right sacroiliac joint pain; right lower extremity radiculopathy; chronic pain; and severe major depressive disorder. No current imaging studies were noted. Her treatments were noted to include: 2 thoracic spine fusion surgeries; injection therapy; physical therapy - effective; acupuncture treatments; massage therapy; trans-cutaneous electrical nerve stimulation unit therapy; heat therapy; relaxation and imagery therapy; psychotherapy; homeopathic treatments; medication management; The progress notes of 5-20-2015 reported deep, moderate-severe, exhausting, gnawing, miserable, nagging mid-thoracic pain which started in the sternum of her chest, radiated and wrapped around and below her breast line from the anterior portion of her thorax, to the posterior portion of her thorax below her bra line; and constant, moderate-severe, right sacroiliac joint pain and right lower extremity radiculopathy to her hip and thigh, down to her calf; decreased physical activity and decline in her physical ability following spinal surgery. She reported that her pain was made worse by activities, and made better by a supine position and medications. Objective findings were noted to include: was noted to be teary eyed and upset about her condition, with daily suicidal ideations and that she felt she would hurt herself that day; that she had moved to New Mexico, was having difficulty finding physicians to treat her pain and psychiatric co-morbidities, and that she had been hospitalized several times for suicidal ideation; with a plan and means to carry it out;. The physician's requests for treatments were noted to include Psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy sessions x 15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychotherapy Page(s): 101.

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 Page(s): 101-102 and 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. A request was made for 15 additional sessions of psychotherapy, the request is non-certified by utilization review which stated that: "I am not able to establish the basis that this is an "appropriately identified patient" from psychotherapeutic treatment is both reasonable and necessary at this time." 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. Continued psychological care is contingent not only upon the patient's psychiatric symptomology but also evidence that she is benefiting from

treatment as well as that the total quantity of sessions being requested does not exceed industrial guidelines. The patient has received an unknown quantity of psychotherapy treatment on an industrial basis to date. The request for 15 sessions appears to exceed the recommendations in the MTUS and official disability guidelines for a typical course of psychological treatment consisting of 13 to 20 sessions with documentation of objectively measured improvement. This request is for a course of psychological treatment that if held once a week would be the equivalent of nearly 4 months and therefore is excessive in duration and quantity and unsupported by industrial guidelines on that basis. In view of the fact that the patient has received prior psychological counseling it appears likely that the request for 15 additional sessions would exceed the industrial guidelines for treatment for the patient and on that basis the medical necessity of the request is not established.