

Case Number:	CM15-0147937		
Date Assigned:	08/24/2015	Date of Injury:	10/29/1993
Decision Date:	09/22/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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 65 year old male, who sustained an industrial injury on 10-29-1993. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar strain. Treatment to date has included diagnostics, physical therapy, chiropractic, and medications. On 7-02-2015, the injured worker complains of pain in his back with radiation to his neck and shoulders, neck pain, shoulder pain, and leg pain. He also reported gastrointestinal pain from non-steroidal anti-inflammatory drugs. Fear Avoidance Belief Questionnaire noted a physical activity subscale score of 24 and work subscale score of 39. The treatment plan included a consultation for cognitive behavioral training, psychological testing to assess parameters that will facilitate successful cognitive behavioral training, 4 psychotherapy trial visits for cognitive behavioral training, and 10 psychotherapy visits for cognitive behavioral training for objective functional improvement. He was retired. His current medications included Lyrica, Norco, Hysingla, and medicinal marijuana.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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. Decision: A request was made for psychotherapy 4 sessions; the request was non-certified by utilization review which provided the following rationale for its decision: the patient is having ongoing psychiatric problems, however, a request for consultation for cognitive behavioral therapy has been recommended and the outcome of that consultation should be assessed prior to requesting psychotherapy. The request is not medically necessary or appropriate. This IMR will address a request to overturn the utilization review decision. The medical necessity of the request for 4 sessions of psychotherapy is not adequately established at this time. A request was made for a cognitive behavioral consultation at the same time as this request and was approved. The results of that are still pending or were not included for consideration with this IMR. The patient's prior psychological treatment history is not known. The patient was injured in 1993 and most likely has received prior psychological treatment on an industrial basis. Information regarding prior psychological treatment if it is occurred would be needed in order to assess the medical appropriateness of additional psychological treatment, if applicable to the situation. Because the cognitive behavioral consultation that has been approved was not provided for consideration for review, there is no treatment plan for this patient. Psychological treatment should follow specific treatment plan including stated goals and ideally estimated dates of accomplishment. This patient is being reported by the primary treating physician as suffering from depression and anxiety and may be an appropriate candidate for psychological treatment, because of the missing information the medical necessity of this request could not be established due to insufficient documentation and therefore the utilization review decision.

Psychological trial testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT).

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 Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24.

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. Decision: A request was made for Psychological trial testing; the request was non-certified by utilization review which provided the following rationale for its decision: the patient is having ongoing psychiatric problems, however, a request for consultation for cognitive behavioral therapy has been recommended and the outcome of that consultation should be assessed prior to requesting psychotherapy. The request is not medically necessary or appropriate. This IMR will address a request to overturn the utilization review decision. The nature of this request is unclear. The request for "psychological trial testing" is not described in sufficient detail to know what is being requested. There is no number of sessions being requested. Treatment requests reaching the IMR level cannot be modified and therefore the request that does not contain session numbers is the equivalent of an open ended and unlimited request for which the medical necessity is not established. Also this is not clear whether it is for treatment or assessment. Because the nature the request is unspecified and unclear the medical necessity of it is not established and therefore the utilization review decision is upheld.

Cognitive behavioral training 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy for chronic pain.

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. The medical necessity for this request for 12 sessions of cognitive behavioral training was not established by the provided documentation. The request does not conform with MTUS or official disability guidelines for industrial injury treatment with cognitive behavioral therapy which specifies that an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) should be provided in order to determine patient's response to treatment. There is not clear whether or not the patient has had prior psychological treatment in the past. There is no comprehensive psychological intake evaluation provided with treatment goals that was included for consideration for this review although it is apparent that one has been requested. For these reasons, the medical necessity of this request is not established and therefore the utilization review decision is upheld.