

Case Number:	CM15-0161237		
Date Assigned:	08/28/2015	Date of Injury:	04/14/2000
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/18/2015

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 67 year old female, who sustained an industrial injury on 4-14-00. Initial complaints were not reviewed. The injured worker was diagnosed as having neuropathic pain in the upper extremity due to cervical disc syndrome; cervical disc syndrome C5-C6 and C6-C7 with neuroforaminal narrowing; cervical radiculitis; status post left carpal tunnel release; cervical thoracic myofascitis; diabetes and hypertension nonindustrial; acute muscle spasms cervical spine extending into the left trapezium posterior shoulder complex. Treatment to date has included physical therapy; urine drug screening; medications. Currently, the PR-2 notes dated 6-25-15 indicated the injured worker was seen on this date for a re-evaluation. Ongoing medications prescribed by this office are listed as Elavil, Xanax, Gabapentin and Norco. She continues to complain of significant pain in the neck extending in the upper extremities and burning sensation down the midthoracic spine. She reports her medications regime is efficient. The provider notes he has recommended cognitive behavioral therapy consultation and treatment to provide tools to treat her chronic pain from a non-pharmacological standpoint. The provider discusses with the injured worker he is not part of the "MPN providers" and she needs to look at transferring as he cannot grant treatment from this office. Her random drug screenings note she is compliant with prescribed medications and the opioid agreement was reviewed. On physical examination of the cervical spine, the provider documents significant muscle spasms of the paraspinal musculature extending into the left trapezium region. She has spasms down over the posterior shoulder complex with chronic myofascial pain associated with jump response. Compression causes significant radicular pattern of pain in the left extremity. Her upper extremity examination shows positive Tinel's sign at the right hand and elbow on the right as

well as the wrist on the left. She continues to have painful range of motion. The provider is requesting authorization of 1 pain psychology evaluation; 1 pain psychology testing and 6 cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavioral Therapy guidelines 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. Decision: A request was made for 6 additional cognitive behavioral therapy sessions, the request was a non-certified by utilization review which provided the following rationale for its decision: "proceeding with an additional 6 cognitive behavioral therapy sessions does not appear to be appropriate for this patient at this time. 6 cognitive behavioral therapy sessions was recommended certified in review number 3030210 by [REDACTED] on July 7, 2015. It appears this recommendation was to the expiration of certificate of 6 CBT sessions in review number 3003389 by [REDACTED] on August 18, 2014. Given this most recent certification of 6 CBT sessions an additional 6 CBT sessions are not medically necessary. This recommendation should not reflect in any way upon recommendation found in review number 3030210. Therefore, the prospective request of 6 cognitive behavioral therapy sessions is recommended non-certified. Consideration of further therapy session should be based upon the patient's functional progress in clinical status following

the most recently authorized course of therapy." This IMR will address a request to overturn the utilization review decision. According to a primary treating physician progress note from January 29, 2015 it is noted that the patient was originally scheduled for cognitive behavioral treatment with [REDACTED], the patient's care was changed to a different psychologist at the certification expired and an extension was needed. According to a June 25 2015 report the issue had not been resolved and there are further complications regarding being in a MP and network. 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 medical necessity for this request has not been established by the provided documentation. There is no clinical information regarding the patient's psychological status. It is indicated that the patient has received psychological treatment but there is no documentation of that. It is not known how many sessions and the duration of prior psychological treatment that she has received. In the absence of any clear information regarding the patient's psychological treatment history and specifically the quantity and outcome of prior treatment sessions is not possible to authorize additional treatment. All of the medical records that were provided for this IMR were carefully considered and there were no medical records pertaining to the patient's prior psychological treatment history. Due to insufficient documentation, the medical necessity of this request was not established. This is not to say that the patient does not need of psychological treatment on an industrial basis only that there was insufficient documentation provided to support this request. For this reason, the utilization review decision is upheld and the request is not medically necessary.

1 pain psychology evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Psychology Evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) (Psychological Evaluations) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100-101.

Decision rationale: According to the MTUS, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines, psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam, only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. In addition, it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. Decision: A request was made for one pain psychology evaluation; the request was non-certified by utilization review which provided the following rationale for its decision: "proceeding with the pain psychological evaluation does not appear appropriate for this patient.

The patient is being treated for chronic neck pain. A request for cognitive behavioral therapy consultation was recently (within the past 2 weeks) recommended certified. An additional pain psychological evaluation is not appropriate at this time." This IMR will address a request to overturn the utilization review decision. Medical necessity the requested psychological evaluation was not established by the provided documentation. Information would be needed regarding prior psychological evaluations of the patient has received especially the date on which they occurred. No information was provided regarding prior psychological evaluations. It appears likely that the patient has had a recent psychological evaluation that she has been recently engaged in psychological treatment. Without knowing when the last psychological evaluation was conducted and a clear reason why it should be repeated at this time (which was not provided), the utilization review decision is upheld and the request is not medically necessary.

1 pain psychology testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress (Beck Depression Inventory, Oswestry Disability Questionnaire, McGill Pain Questionnaire, Millon Behavioral Medical Diagnostic) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100-101.

Decision rationale: According to the MTUS, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. In addition, it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. Decision: A request was made for one pain psychological testing, the request was noncertified by utilization review which provided the following rationale for its decision: "certain tests appeared to be appropriate for this patient as he is being treated for chronic neck pain and these tests should provide clinicians with a better understanding of the patient to allow for more effective rehabilitation. Other tests lack evidence to support their use and cannot be recommended. Therefore, the perspective request for Beck Depression Inventory, McGill Pain Questionnaire, Million Behavioral Medical Diagnostic and Beck's Hopelessness tests are recommended certified, while the Beck Anxiety Inventory and Pain Drawing a recommended non-certified." This IMR will address a request to overturn the utilization review decision. As was mentioned above, there is insufficient documentation to establish the need for this treatment. There is no clear explanation of why this treatment is being requested at this time provided medical records. There is no detailed information regarding prior use of psychological evaluation. For this reason, the utilization review decision is upheld and the request is not medically necessary.