

Case Number:	CM15-0164428		
Date Assigned:	09/01/2015	Date of Injury:	01/26/2009
Decision Date:	10/05/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/21/2015

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 53 year old male, who sustained an industrial injury on 1-26-09. The injured worker has complaints of neck pain, left elbow pain, wrists and hands and right thumb pain. Cervical spine examination revealed tenderness to palpation over the bilateral trapezius, levator scapula and cervical spine at midline. Left elbow reveals tenderness to palpation over the medial and lateral epicondyle. Right wrist and hand and right thumb examination reveals tenderness to palpation over the volar aspect of the wrist. The diagnoses have included cervical radiculopathy, persistent; cervical spine mild multilevel degenerative disc disease at unfused levels and unchanged disc protrusions at T1-2 and T2-3 with associated mild to moderate bilateral neural foraminal stenosis and cervical spine post-operative changes with evidence of anterior fixation and interbody fusion from C4 through C7. The documentation noted that the injured worker was seeing a psychiatrist and was taking cymbalta in an effort to elevate his mood and to assist him in coping with his physical discomfort. Treatment to date has included cymbalta; morphine; morphine sulfate immediate release; omeprazole; Miralax and gabapentin. The request was for psychotherapy times 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. 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 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 is made for 8 sessions of psychotherapy; the request was non-certified by utilization review which provided the following rationale for its decision: "No documentation of medical necessity supported by high-quality scientific evidence-based guidelines has been submitted to justify this request...absent specific indications to justify continued psychological or psychiatric treatment is, supported by evidence-based guidelines this request will be denied." 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. Several psychiatric treatment reports were provided regarding the patient's psychiatric and medication management treatment. The progress notes were nearly identical in content and mentioned utilization of the medication Cymbalta for managing his mood with good impact. There was no mention in these progress notes regarding psychological treatment are psychotherapy. It is assumed that the psychotherapy is being requested is from a different provider than the psychiatrist [REDACTED]. According to a comprehensive

evaluation from the patient's primary treating physician from May 21, 2015 under the category of psychiatric symptoms is noted that "negative for bipolar manic disorder, positive for depression and anxiety and panic attacks." Approximately hundred and 60 pages of medical records were submitted for this IMR. All the provided medical records were carefully considered. No psychotherapy treatment progress notes were found. No psychological intake evaluation was found or no treatment summaries regarding the patient's prior psychological treatment was found. No communications from the treating psychologist were found in the medical records. It was not clear how much prior treatment the patient has received to date nor was it evident of any benefit from prior treatments if any have even occurred. In the absence of the conference of psychological evaluation could not be determined whether or not the patient has received any psychological treatment in the past whether this is a request to start a brand-new course of psychological treatment in the patient is not received any. If this would be the case then the request for 8 sessions is exceeding the MTUS guidelines for an initial brief treatment trial of 3 to 4 sessions. The medical records themselves do not "properly identified the patient as somebody who would benefit from psychological treatment" as stated in the industrial guidelines- see MTUS behavioral interventions, psychological treatment. For these reasons the medical necessity of 8 psychotherapy sessions cannot be established, however it should be noted that this does not mean that the patient does or does not need psychological treatment, it only means that there was no supporting documentation provided with this request as it was written. In the absence of supporting documentation the medical necessity was not established in the utilization review determination for non-certification is upheld and therefore is not medically necessary.