

Case Number:	CM15-0164518		
Date Assigned:	09/01/2015	Date of Injury:	01/04/2005
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
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 52 year old female who sustained an injury on 1-4-05. This resulted from slipping while preparing a room with various towels and other materials as well as a pitcher of water and felt popping sensation in her left knee and fell on her right side. X-rays were taken. Previous surgery to the left knee from a skiing accident took place in November 2004. Following this injury she was placed on full duty status and experience significant pain affecting all areas of her left knee. A revision of the left knee surgery was done on 8-28-06 and a two-stage surgical procedure which included removal of previous hardware took place on 6-27-09 and 2-6-08. During this time frame she was experiencing discomfort affecting the cervical spine, radiating in the right upper extremity and was treated with cervical epidural injections. She developed right hip discomfort and after conservative care underwent arthroscopic procedure for her right hip on 7-10-08. Diagnostic testing included X-rays, MRI's and Electrodiagnostic studies. Diagnoses include cervical disc injuries at C5-6 and C6-7 with stenosis and symptoms of cervical radiculopathy, radiculitis and neck pain; right shoulder pain with mild rotator cuff tendinitis; lower back pain with evidence of mild lumbar facet arthropathy at L4-5 and L5-S1; right hip pain status post arthroscopic procedure with residual discomfort in the area of the iliopsoas; left knee post initial ACL reconstruction with subsequent re-injury. Second attempt at ACL reconstruction with subsequent graft failure followed by a two-stage procedure with initial bone grafting and ultimately a third ACL reconstruction; right knee pain without evident for ligamentous disruption. An Agreed Panel Qualified Psychological Evaluation performed on 6-7-11 documents the diagnoses Major depressive disorder, moderate to severe; pain disorder with

both medical psychological factors and was recommended to undergo supportive psychotherapy to ameliorate her symptoms of major depression and establish more effective chronic pain management mechanisms. On 2-15-15 she underwent an open debridement of the IT band on the right hip followed by physical therapy, anti-inflammatories. During the examination on 6-8-15 the IW continues to have significant anxiety from the pain in her neck, right shoulder, right upper extremity, mid back, right buttock and bilateral lower extremity. She is now experiencing depressions as well as "thoughts of dying" due to the significant chronic pain complaints. At this visit she had started in pain psychology sessions. Medications include Baclofen 20 mg; Celebrex 200 mg; Docusate Sodium 250 mg; Morphine 15 mg immediate time release tablet; Nexium 40 mg, delayed release; Norco 10-325 mg; Nortriptyline 25 mg; and Rozerem 8 mg. Physical therapy 6 sessions was recommended to evaluate and treat her gait and to continue her walking program. Current requested treatments 6 sessions of pain psychology.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of pain psychology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 sessions of pain psychology, the request was modified utilization review to allow for 3 sessions with the remaining 3 non-certified. The following rationale was provided by UR: "the continued use of psychological treatment is indicated at this time due to significant activity limitations of the patient. The patient has made minimal progress with initial therapy. There has been some noted progress with the patient utilization of maladaptive behavior and patient's attendance for therapy appears to be progress in itself. The patient has already received 6 sessions. An additional 6 sessions is not warranted without more objective improvement. However, it is reasonable to warrant 3 sessions in order to allow the provider time to document more significant measurable gains. Therefore the perspective request for 6 sessions of pain psychology certified with modification to allow for 3 sessions." This IMR will address a request to overturn the utilization review decision. According to the provided medical records, the patient had a qualified medical examination on December 21, 2009 during which time it was recommended that she have the course of appropriate supportive counseling by a psychologist for 18 visits. Is not clear whether or not these were provided. On June 7, 2011 an Agreed Panel Qualified Medical Psychological Evaluation Indicated psychiatric diagnosis of Major Depressive Disorder, moderate to severe and Pain Disorder with both Medical and Psychological factors as well as a Sleep Disorder associated with depression and chronic pain. At that time she was receiving an unspecified quantity of individual psychotherapy. 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 total quantity of prior psychological treatment that the patient has received on an industrial basis could not be established by the provided documentation. This request for 6 sessions of pain psychology was not fully supported as the documentation regarding her psychological treatments in the past or not clearly discussed. Continued psychological treatment is contingent upon the requested quantity of treatment sessions added to the total quantity of prior treatment sessions being consistent with the Official Disability Guidelines or MTUS guidelines. The industrial guidelines for psychological treatment indicate that a typical course of care would consist of 13 to 20 session's maximum except in cases of very severe depression. In this case the request for 6 sessions of pain psychology is not supported because it could not be determined how much prior psychological treatment she has received on an industrial basis, however there were several mentions of psychological treatment being requested in the past. Further psychological care may be medically appropriate for this patient; however, clear documentation regarding her prior psychological treatment history would be needed along with detailed objectively measured functional improvement (e.g., increased ADL decrease in dependency on medical care, increased exercise or social etc.) that has resulted from sessions that she has received recently which appears to number 3 at a minimum. For this reason the request is not medically necessary.