

Case Number:	CM15-0164733		
Date Assigned:	09/02/2015	Date of Injury:	05/10/2014
Decision Date:	10/05/2015	UR Denial Date:	08/03/2015
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 34 year old female who sustained an industrial injury on 5-10-14. Progress report dated 7-21-15 reports continued complaints of worsening right wrist pain. The pain is described as aching in the right wrist, elbow, shoulder and neck with pins and needles sensation in the right thumb, 4th and 5th finger. The pain is aggravated by prolonged standing and is made better by lying down. The pain is rated 8 out of 10 without medications. She finished the cognitive behavior therapy and more were recommended. Diagnoses include: right wrist pain, arm pain, right arm numbness, myalgia and myositis and chronic pain syndrome. Plan of care includes: 6 sessions of cognitive behavior therapy and acupuncture for the right wrist 1-2 times per week for 4-6 weeks, #6 sessions. Work status: no use of right wrist. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy for management of chronic pain, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

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 cognitive behavioral therapy for the management of chronic pain, 6 sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "there is documentation of 4 previous cognitive behavioral therapy treatments. However there is no documentation of objective functional improvement with previous psychotherapy." This IMR will address a request to overturn the utilization review determination. 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. According to a primary treating physician progress note from August 2015, it is noted that: "she feels frustrated and sad that she continues to have limitations and is unable to cope with her pain. The medications have been denied so that doesn't help because the increase in pain and without the help of the medication she feels more depressed. She denies suicidal ideation." According to a treating progress note from June 9, 2015 it is stated that the patient completed the psych evaluation and is about to begin cognitive behavioral therapy. As best as could be determined the patient has only received a small amount of psychological care. The exact quantity of treatment sessions that she has received is not clearly stated in the provided documentation as it should be. However it was reasonably easy to estimate that only a small

number of sessions have been provided. Based on the provided records it appears that the reason why this request for additional treatment was not authorized is that there's no clear progress notes from the treating psychologist were therapist. It is essential that request for treatment reaching the IMR level contain sufficient psychological treatment progress records including treatment plans and outcomes of prior sessions including the quantity provided. In this case no communication from the primary treating therapist was provided. The patient does appear to be continuing to have psychological symptomology at a clinically significant level and as was already mentioned she does not appear had an inordinate amount of psychological treatment. In this case an exception is going to be made because there was sufficient documentation the primary treating psychiatrist from the patient's condition. The medical necessity the request has been established although only marginally due to the documentation that the prior therapy. This one time exception should be noted that no further psychological treatment should be provided on an industrial basis without indications of patient benefit from the treatment. Because medical necessity established the utilization review decision is overturned.