

Case Number:	CM15-0164895		
Date Assigned:	09/08/2015	Date of Injury:	12/18/2013
Decision Date:	10/14/2015	UR Denial Date:	08/19/2015
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 (n) 51 year old female, who sustained an industrial injury on 12-18-13. The injured worker was diagnosed as having chronic neck pain, bilateral buttock pain and mood disorder due to medical condition. Medical records (3-6-15 through 6-26-15) indicated the injured worker was fully alert and oriented with mood sad and mildly irritable. Treatment to date has included psychological sessions (since at least 3-6-15), Zoloft, Neurontin, physical therapy, chiropractic treatments and a lumbar injection in 3-2015 with 40% relief. As of the PR2 dated 7-27-15, the injured worker reported still experiences frustration with lack of progress and often has difficulty returning to sleep after waking up at night. The treating physician noted the injured worker has a mildly irritable mood with adequate insight and improved judgment. The treating physician requested individual psych therapy x 6 visits. The Utilization Review dated 8-19-15, non-certified the request for individual psych therapy x 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psych therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

Decision rationale: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. A request was made for individual psychotherapy six sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "there is no information as to how many treatment sessions the claimant has received. This information is essential in order to make a timetable and to gauge treatment effectiveness..." This IMR will address a request to overturn the utilization review decision. The patient is reported to have "more distressed this period due to medical legal stress and continued pain and limitations but better control over anger since she realizes it is unreasonable and loses stop and take timeout method. Mood is described as neutral with mildly irritable affect and full range. Therapy session was noted to focus on providing support and learning how to decrease sympathetic arousal through controlled breathing and calming response. Treatment plan is listed as lowering stress by managing frustration and despair better and improving mood through learning active coping skills through CBT." 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. A treatment progress note was found for April 14, 2015 with a notation of next session being on April 28, 2015. The patient was diagnosed with pain disorder with: Psychological Factors and Medical Condition; Mood Disorder Due To Medical Condition;

Specific Phobia Situation. There is no indication on this treatment progress note the total quantity of sessions at the patient has received to date since the start of the treatment. It is also not clear when treatment goals were accomplished and estimated dates of expected accomplishment of future goals. Another and similar treatment progress notes were found from February, March, and June 2015. A detailed letter from August 27, 2015 was written to address the adverse utilization review decision. The letter contained detailed information regarding prior treatment modalities but there was still no clear discussion of exactly how much treatment the patient has received to date. The total quantity of sessions at the patient has received to date is necessary in order to determine whether additional treatment sessions are supported on an industrial basis. The official disability guidelines recommend a course of psychological treatment consisting of a maximum of 13 to 20 sessions for most patients. In this case it cannot be determined how much treatment she has already received. In the absence of that information that could not be determined whether six additional sessions would exceed or fall within the industrial guidelines for this treatment modality and her diagnosis. For this reason, the medical necessity of this request was not established and therefore the utilization review decision is upheld on that basis. It should be noted that this is not to say that the patient does, or does not need, additional psychological treatment; it is a statement only that the medical necessity of this request is not supported by the provided documentation due to insufficient information regarding total quantity of sessions provided.