

Case Number:	CM15-0180184		
Date Assigned:	09/22/2015	Date of Injury:	01/05/2013
Decision Date:	10/27/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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 48 year old female, who sustained an industrial injury on January 5, 2013. A review of the medical records indicates that the injured worker is undergoing treatment for a psychophysiologic disorder, shoulder pain, enthesopathy of wrist and-or carpus, and pain in the upper limb. On June 22, 2015, the injured worker reported right shoulder pain with increased pain to the right elbow, rated 4 out of 10, with trouble sleeping. The Treating Physician's report dated June 22, 2015, noted the injured worker required no assistance with activities of daily living (ADLs), dressing, or toileting, with stable pain levels. The injured worker was noted to have completed a Functional Restoration Program. The injured worker's current medications were listed as Biofreeze, Clonidine, Cyclobenzaprine, Lunesta, Naproxen, Norco, Ondansetron, Roxicet, Salonpas, Sombra, and Tramadol. The injured worker was noted to have no depression, alcohol abuse, or suicidal ideation. Physical examination was noted to show soft tissue tenderness to palpation noted over the supraclavicular region of the right upper extremity with muscle tenderness noted over the trapezius of the right upper extremity. Right upper extremity abduction and internal rotation were noted to be restricted. Prior treatments have included right shoulder surgeries, right shoulder injections, a Functional Capacity Evaluation (FCE), greater than 24 sessions of physical therapy, and medication. The request for authorization dated August 18, 2015, requested psychology referral for 6 sessions. The Utilization Review (UR) dated August 25, 2015, non-certified the request for psychology referral for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology referral 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 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) recommends 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 Psychology referral, 6 sessions; UR non-certified the request with the following rationale: In this case, there is no documented rationale for the request. She denies depression and suicidal ideation. The medical necessity cannot be established due to insufficient information. This IMR will address a request to overturn the utilization review decision and allow for an authorization for six sessions of psychology treatment. According to a March 10, 2015 primary treating physician progress report, which included a detailed psychological report including psychological assessment data the patient was noted to have "mild somatic problems, mild depression, and moderate to severe anxiety." She was noted to be "engaging in illness focused coping strategies. Also makes use of inconsistent use of wellness focused coping strategies." It was further noted that emotional distress including depressed mood, panic attacks and excessive worry were interfering with functional capacity and self-management of chronic pain. Treatment goals were outlined for psychological intervention. It was noted in the narrative in the same report under psychiatric history and current functioning that she "reported to

symptoms of depression other than brief periods of depressed mood, fatigue, sleep difficulties, diminished motivation, memory, concentration and anhedonia. Additionally, she reported symptoms of some anxiety such as excessive worry, tension, difficulty relaxing and panic attacks 3 to 4 times a month." It was noted in the narrative in the same report under psychiatric history and current functioning that she "reported to symptoms of depression other than brief periods of depressed mood, fatigue, sleep difficulties, diminished motivation, memory, concentration and anhedonia. Additionally, she reported symptoms of some anxiety such as excessive worry, tension, difficulty relaxing and panic attacks 3 to 4 times a month." As best as could be determined from the medical records, the patient does not appear to have participated in psychological treatment for chronic pain, the medical records to establish that the requested psychological referral, six sessions are medically appropriate and reasonable. Because the patient reports to be experiencing psychological symptomology at a clinically significant (albeit mild to moderate), and because she does not appear to have received prior outpatient psychological treatment, and because the requested treatment is consistent with the Official Disability Guidelines which recommend an initial brief treatment trial consisting of 4 to 6 sessions, the medical appropriateness of the request is established and utilization review decision is overturned. It should be noted however, that no further psychological treatment should be provided without a definitive statement with regards to whether or not this patient has received date earlier or prior course of psychological treatment on an industrial basis as this could not be determined definitively one way or the other based on the provided medical records, therefore is not medically necessary.