

Case Number:	CM15-0180983		
Date Assigned:	09/22/2015	Date of Injury:	02/11/2011
Decision Date:	11/10/2015	UR Denial Date:	08/27/2015
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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 39 year old male whose date of injury was February 11, 2011. Clinical documentation on 7-31-15 indicated the injured worker received psychological counseling related to his low back injury. He reported that he cannot sleep and his appetite decreased due to chronic pain. He stated that he "feels worse" and was in more pain than prior to his surgery. He reported that as a result of his chronic pain he has less patience and his anger and irritability have increased. He reported continued suicidal ideation but did not have a plan or history of suicidal attempts. The evaluating physician noted that psychotherapy sessions were medically necessary because if the injured worker did not recover further from his surgery, he likely would become upset and need the therapy to prevent psychological decompensation. The evaluating physician noted that the injured worker continued to make excellent progress and his suicidal ideations needed to be monitored closely. A request for authorization for ten sessions of individual psychotherapy was received on August 24, 2015. On August 27, 2015, the Utilization Review physician modified ten sessions of individual psychotherapy to four sessions of individual psychotherapy CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 10 sessions (2 sessions/month): 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): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment.

Decision rationale: The MTUS and ODG guidelines state that 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 function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention; Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy; and Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See Behavioral interventions (CBT). See also Multi-disciplinary pain programs. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) See also psychosocial adjunctive methods in the Mental Illness & Stress Chapter. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). (Kroner-Herwig, 2009) The ODG Psychotherapy Guidelines recommend up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions can be performed if progress is being made. In this case, the injured worker has severe symptoms, including suicidal ideation, and has been receiving psychological therapy since November 2014, having 1-2 sessions per month. Some improvement is noted but he does continue to have suicidal ideation as well as symptoms related to anxiety and depression. The July 2015 treatment note recommended 10 additional sessions, 2 times per month. This request does appear to be consistent with the MTUS and ODG guidelines. The request for Individual psychotherapy 10 sessions (2 sessions/months) is medically necessary.