

Case Number:	CM15-0186009		
Date Assigned:	09/28/2015	Date of Injury:	12/11/2010
Decision Date:	11/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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 38-year-old male, who sustained an industrial injury on 12-11-10. The documentation on 7-28-15 noted that the injured worker has complaints of pain from his lower thoracic spine down to the mid lumbar region along the midline. The injured worker rates his pain level 9 out of 10. Physical examination reveals considerable tenderness in the lower thoracic into the upper lumbar region and he is tender along the spinous processes as well as the paraspinous muscles. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy and displacement of thoracic intervertebral disc without myelopathy. Treatment to date has included morphine; spinal cord stimulator placement and physical therapy. Computerized tomography (CT) scan showed no evidence of any erosive disc lesions or stenosis and his bone scan was unremarkable. The documentation noted that the injured worker has had an extensive workup including blood work, bone scan, computerized tomography (CT) scan and X-rays and everything has come back within the normal range. The physical therapy Re-Evaluation of 7-14-15 noted that the visits were documented at 17. The original utilization review (9-10-15) non-certified the request for outpatient individual psychotherapy four (4) sessions (2 sessions per month).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient individual psychotherapy four (4) sessions (2 sessions per month): Upheld

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) 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 outpatient individual psychotherapy for (4) sessions (2 sessions per month); the request was non-certified by utilization review which provided the following rationale for its decision: "Claimant has completed an unknown amount of previous psychotherapy. It appears that the claimant recently underwent a psychological assessment. No explanation was provided as to why it would require "several weeks" to supply report, and there is insufficient available clinical documentation to support a two-month course of individual psychotherapy. Based on documented recent deterioration of claimant's spinal condition and apparent recent depression symptoms, it would be reasonable to authorize 1 to 2 additional psychotherapy visits to allow time for provision of additional documentations." This IMR will address a request to overturn the utilization review decision. 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 provided medical records were insufficient to document the medical necessity of the requested treatment. Or 200 pages of provided medical records were reviewed. No psychological treatment records were provided. There was one faxed note stating that the patient had been evaluated by a clinician [REDACTED] on August 31, 2015 and that the evaluation will not be ready for several weeks but she feels the patient needs immediate treatment for depression and chronic pain. The request for authorization indicates the following diagnoses: Pain Disorder; Adjustment Disorder with Mixed Anxiety and Depressed Mood. No

further psychological information was provided. Psychological treatment request need to be supported with documentation including comprehensive treatment plan for the requested sessions as well as detailed information regarding how many prior sessions the patient has received as well as detailed information regarding all subjective and objectively measured evidence of patient benefit including reports of functional improvement. According to utilization review notations patient has participated in prior psychological treatment, however there is no indication what this prior psychological treatment consisted of, and when it occurred, how much was provided, and what the outcome may have been. In addition, a copy of the initial psychological evaluation has not been provided with a treatment plan. For these reasons the request is not medically necessary. This is not to say that the patient does not need of psychological treatment on an industrial basis, only that the medical necessity of this request was not supported with sufficient documentation to overturn the utilization reviews decision of modification to allow one or two sessions to allow the treating provider time to submit supporting documentation.