MAXIMUS Federal Services

Case Number:	CM15-0190913		
Date Assigned:	10/14/2015	Date of Injury:	01/27/2006
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/28/2015

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 54 year old male who sustained an industrial injury on 01-27-2006. According to a progress report dated 08-12-2015, chief complaints included diffuse abdominal pain. His psychological group visits were denied. He was "relatively" stable and his pain continued to be improved with use of his neurostimulator. He continued to have chronic abdominal pain which was alleviated with medications. He was noted to have depression. Anti-depressant medications provided symptom relief. He had been able to be moderately physical active in terms of going shopping and doing some light activities around the house. He reported improvement in social activities secondary to his pain relief, including meeting with relatives for social gatherings. He felt that he was at a stable medication regimen, and overall function was fairly optimized. Additional therapy sessions had been requested. The provider noted that the injured worker needed assistance with coping strategies to assist with his chronic pain. He had "excellent" relief with previous treatment sessions. Current medications included Zofran, Gabapentin, Duragesic, Nortriptyline, Zolpidem, Omeprazole, Norco, Metoprolol, Nitroglycerin, Lisinopril and Voltaren Gel. Review of systems was positive for frustrated mood due to persistent pain. Diagnoses included abdominal pain unspecified site, neuralgia, neuritis and radiculitis not otherwise specified, encounter for long-term use of other medications and Seroma complicating a procedure. Prescriptions were written for Duragesic, Zolpidem, Norco, Zofran, Gabapentin, Nortriptyline and Omeprazole. Follow up was indicated in 4 weeks. On 09-14-2015, the injured worker was seen in follow up. Subjective findings and review of systems remained unchanged. Treatment plan was also unchanged. There was no progress reports from therapy sessions submitted for review. On 09-28-2015, Utilization Review non-certified the request for psychological treatment 2 times a month for 6 months quantity 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological treatment 2 times a month for 6 months, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress (updated 08/31/2015).

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: 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 psychological treatment two times a month for six months quantity 12; the request was non-certified by utilization review which provided the following rationale for its decision: "This patient has already had extensive treatment, including psychological help without objective evidence, e.g., Beck Depression Inventory, Beck Anxiety Inventory, Oswestry Disability, etc. benefit from this treatment. The only thing that is submitted over the last few months are reports that stated that he is stable on his medication regime, including the use of antidepressants and he has had good improvement in the past with psychotherapy sessions. This improvement has not been shown with any objective measures. He has been declared P&S psychologically in the denial has been upheld by IMR; nothing has been submitted since last and I'll that would show the determination to be overruled. 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 requested treatment is not medically necessary or established by the provided documentation. No specific psychological treatment progress notes from the patient's prior psychological treatment were provided. There was one indication in a treatment summary from a comprehensive medical records summary that the patient received psychological treatment with the date of March 14, 2014 [redacted] PhD who reported that the patient was continuing to experience significant depressive symptoms and pain and requires continue psychotherapy services. With the request for six additional sessions and that the patient has been participating in a combination of individual and group psychotherapy. Other than is no there was no additional information regarding prior psychological treatment. It is not known how much prior psychological treatment the patient has received. This information is needed in order to determine whether additional sessions are consistent with industrial guidelines. There's no comprehensive treatment plan nor is there any discussion of the patient's psychological diagnosis. In general there is insufficient (essentially none) psychological treatment documentation provided whatsoever in order to substantiate the medical necessity of this request. Because the medical necessity of this request was not substantiated the utilization review decision for non-certification is upheld.