

Case Number:	CM15-0192801		
Date Assigned:	10/06/2015	Date of Injury:	05/14/2014
Decision Date:	11/13/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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 34 year old male, who sustained an industrial injury on 5-14-2014. The injured worker is being treated for left ankle sprain, chronic left foot and ankle pain, internal derangement left ankle status-post surgical repair, left ankle instability by history, CRPS left foot depression anxiety, sleep disorder and low back pain secondary to altered gait. Treatment to date has included surgical intervention (left ankle arthroscopy with synovectomy and ligament repair on 11-12-2014), diagnostics, pain management consultation, physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 9-09-2015, the injured worker presented for follow-up. He reported that Nortriptyline gave him a headache so he stopped taking it. Upon mental status exam he was casually dressed and appropriately groomed. He made good eye contact, was cooperative and not engaging in any pain behaviors. Speech was normal and cognition and memory intact. He is currently not working. The plan of care included, and authorization was requested, for Desipramine 25mg #28, Gabapentin 300mg #180 and 8 sessions of psychology evaluation and treatment (1x8). On 9-23-2015, Utilization Review non-certified the request for 8 sessions of psychology evaluation and treatment (1x8).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology evaluation and treatment, 1 time/week for 8 weeks, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (2nd edition, text, page 398), Psychological referral.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations, 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. Decision: A request was made for a psychological psychology evaluation and treatment, one time per week for eight weeks. The request was non-certified by utilization review which provided the following rationale for its decision: it was noted that the patient has been approved for evaluation for a multidisciplinary pain program but it was not clear when that would occur. It was noted that the patient does suffering from significant depression but is not suicidal and a request was made to start psychological treatment pending the start of a functional restoration program evaluation. "given that the pain program evaluation is pending, (which should not have been requested if the patient was a candidate for psychological counseling) and given the lack of documentation to support a red flag situation, this is not approved." This IMR will address a request to overturn the utilization review decision. The medical necessity of this request was not established by the provided medical records. A comprehensive evaluation was found and dated August 14, 2015, among his various medical diagnoses he was diagnosed with the following: "Depression NOS, severe, without psychotic features, with passive thoughts of suicide but no intent or plan. Anxiety NOS without panic disorder. Sleep disorder, decreased libido, and pain and fear of behavior." This 29 page comprehensive HELP pain program evaluation included

several psychological assessment tools and resulted in a psychological and psychiatric diagnosis and therefore the need for a separate psychological evaluation is apparently redundant. In addition, this request combines a request for a psychological evaluation and psychological treatment. The psychological treatment would not be authorized until the completion of the psychological evaluation these need to be done separately because the psychological evaluation purpose is to establish whether or not treatment is necessary. In addition, the request for eight sessions is excessive for an initial treatment trial. The MTUS treatment guidelines recommend an initial brief treatment trial consisting of 3 to 4 sessions, while the Official Disability Guidelines recommend an initial brief treatment trial of 4 to 6 sessions. Additional sessions would be contingent upon the outcome of the initial brief treatment trial documentation of patient benefit and functional improvement. For these reasons the medical necessity of this request is not established. This is not to say that the patient does, or does not, require psychological treatment, only that this particular request as submitted is not medically necessary or appropriate.