MAXIMUS Federal Services

Case Number:	CM15-0193855		
Date Assigned:	10/06/2015	Date of Injury:	05/20/2010
Decision Date:	10/27/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/02/2015

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 51 year old female, who sustained an industrial injury on 5-20-10. Medical record indicated the injured worker is undergoing treatment for opioid dependence, lumbosacral spondylosis without myelopathy, lumbar radiculopathy, lumbar post-laminectomy syndrome and hand pain. Treatment to date has included lumbar fusion, oral medications and spinal cord stimulator. Currently on 9-23-15, the injured worker complains of ongoing low back pain and pain in left hand after a fall. She rates the back pain 5-7 out of 10 and notes it is relieved with current medications 50% and lasts for 6 hours. Physical exam performed on 9-23-15 revealed paravertebral tenderness over lumbar facet joints bilateral and sacral pains with no tailbone pain. It is noted she has resolved issues of suicidal thoughts and attempt, her mood is improved and she is getting out of the house and is functional on medications. The treatment plan included refilling of medications and a referral to psychiatrist for suicidal ideation. On 9-30- 15 utilization review non-certified a request for cognitive psychological treatment noting there is no psychological evaluation or psychological treatment notes in the file and an injured worker with a 5.5 year history of physical injury with associated emotional distress has received an unknown amount of psychological input to date with unknown benefit; there is insufficient clinical data to substantiate the need for additional psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive psycho treatment: Upheld

Claims Administrator 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, CBT Guidelines.

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 "Cognitive psycho treatment, per 09/23/15" The request was non-certified by utilization review which provided the following rationale for its decision: "In this case, there is no psychological evaluation were psychological treatment notes in the file. There is a prior UR from 10/20/14 indicating that the patient saw psychologist [redacted] on 10/2/15 and was diagnosed with depression. Psychotherapy was recommended certified. There is a progress note dated 4/14/15 from physician [redacted] indicating that the patient has not been seen for medical input in two years (i.e., since August 2012), presents with normal mood and affect, and has been seeing a psychologist with thoughts of suicide thoughts (sic) and attempt resolved. [redacted] requested authorization to resume psychological treatment on September 23, 2015. Thus, the worker with a 5.5 history of physical injury with associated emotional distress was been afforded an unknown amount of psychological input to date with unknown benefit. Without any records from the psychological treatment to date, there is insufficient clinical data to substantiate the need for additional psychological treatment on an industrial basis per industrial guidelines." 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 do not establish the medical necessity of the requested treatment. The provided medical records were insufficient. According to a treatment progress note date of service September 30, 2015 by [redacted], under the category of psychiatric it states, "denies any psychiatric problems." Under past medical, it does state psychiatric "history of anxiety and depression. History of OD and SI." The total of the medical records supporting this documentation do not contain sufficient information with regards to the patient's current and prior psychological treatment history. There is no clearly stated rationale for why this treatment is being requested at this time. The entire medical records consisted of 77 pages none of which were dedicated to the patient's mental health issues. There is no information provided whatsoever regarding how much prior psychological treatment she has received on an industrial basis for her industrial injury. There is no comprehensive psychological evaluation provided either. It is not even clear what is being requested as the request was listed as "cognitive psycho treatment" this could refer to either a psychiatry visit or a psychological visit. The quantity of sessions being requested is not stated clearly either. This may be a request for one session or the quantity of sessions being requested was not provided on the IMR application. Psychological or psychiatric treatment might be appropriate for this patient; however more information would be needed in order to establish it including all the information provided above. In the absence of more information the request is not medically necessary or established and utilization review decision for non-certification is upheld.