MAXIMUS Federal Services

Case Number:	CM15-0196616		
Date Assigned:	10/12/2015	Date of Injury:	05/21/2014
Decision Date:	11/19/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/06/2015

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 67-year-old female, who sustained an industrial-work injury on 5-21-14. A review of the medical records indicates that the injured worker is undergoing treatment for psychogenic pain and long-term use of medications. Treatment to date has included pain medication including Tramadol as needed, acupuncture with temporary relief, diagnostics, Functional Restoration Program with good benefit, urine drug testing, home exercise program (HEP) and other modalities. Medical records dated (5-5-15 to 7-30-15) indicate that the injured worker complains of chronic persistent neck and right upper extremity pain. The pain is rated 5 out of 10 on the pain scale which has been unchanged. She reports that she is able to walk for 15 minutes with resting, drive for about 10 miles, doing the laundry aggravates the pain and she is not able to cook. The progress note from the Functional Restoration Program dated (6-15-15 to 6-19-15) indicates that she is in the fifth week and reports improvement in function and strength, however she continues to have occasional flares of pain in the right side neck and upper back. Per the treating physician, report dated 6-30-15 the injured worker has not returned to work as modified duty is not available. The physical exam dated 7-30-15 reveals that there is tenderness to palpation over the cervical muscles and range of motion is decreased. The physician indicates that the injured worker continues to have depressive symptoms and he will request psychological treatment. The request for authorization date was 8-24-15 and requested services included Psychology Consultation QTY: 1 and Cognitive Behavioral Therapy Visits QTY: 6.The original Utilization review dated 9-3-15 non-certified the request for Psychology Consultation QTY: 1 and Cognitive Behavioral Therapy Visits QTY: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology Consultation QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics is very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. A request was made for psychological consultation and six sessions of cognitive behavioral therapy, the request was non- certified by utilization review. The following rationale was provided for the utilization review decision: "the claimant recently completed an intensive 160-hour functional restoration program in which psychological counseling and treatments were a major component....(according to a discharge report) she continues with frequent flareups of neck and upper back pain but feels her pain is overall better control. She understands how to better manage psychologically the flareups of pain that she has. There is no explanation for the current request for a psychological consultation after this prior intensive psychological treatment. In addition, (the doctor) reported the claimant was able to better manage psychologically the flareups of pain and thus there is no need for additional consultation and treatment. The request already night." This IMR will address a request to overturn the utilization review decision for each of the requested treatment modalities. According to a treatment note from August 10, 2015 from the [redacted] Functional Restoration Program, The patient "successfully completed the [redacted] functional restoration program on June 26, 2015. She participated throughout the program with daily involvement in cognitive behavioral training classes, educational lectures, group therapy sessions, and individual physical therapy sessions. She does feel she is better able to cope with her chronic pain and manage for psychological distress through techniques learned in the program. (The patient) continues to practice daily physical training, meditation and relaxation breathing she has learned at (the program) she reports that these techniques as well as training and cognitive behavioral

skills, proper body mechanics, nutritional strategies, and other strategies learned in six weeks of the [redacted] functional restoration program have been useful in helping her progress towards her goals of increasing or functional abilities and pain management skills. About the request for a psychological consultation, the patient received on April 16, 2015 an initial evaluation and multidisciplinary team conference, that was a part of her entrance into the functional restoration program. This evaluation included three psychological assessment instruments and resulted in the following diagnoses: Depressive Disorder Not Otherwise Specified, Anxiety Disorder Not Otherwise Specified, and Psychological Factors Affecting the Medical Condition. A detailed six-page report including substantial information regarding the patient's psychological status, diagnosis and treatment goals was created. Given that this evaluation was completed in April 2015, the request for another psychological consultation this juncture is determined to be redundant and the medical necessity of which is not established. No specific informational was provided as to why another psychological evaluation would be required now. For this reason the medical necessity the request is not established and utilization review decision is not medically necessary.

Cognitive Behavioral Therapy Visits QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

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. The medical records indicate that the patient has recently received and completed (June 2015) an intensive course of functional restoration treatment. According to detailed information provided from this treatment program it included a considerable an intensive quantity of psychological treatment including cognitive behavioral therapy. It appears that the patient has recently been afforded a generous amount of this treatment modality. The MTUS guidelines for cognitive behavioral therapy recommend a course of psychological treatment consisting of 6 to 10 sessions. The Official Disability Guidelines, which are slightly more generous, recommended course of cognitive behavioral therapy, consist of 13 to 20 sessions. It appears likely that she has exceeded this quantity of treatment sessions during the course of her functional restoration program. Although an exception is made in cases of the most severe symptomology of major depressive disorder and PTSD this would not apply to this patient based on the diagnosis reported in the medical records provided for consideration. The medical necessity of this request is not established at this time. Therefore, the utilization review decision is not medically necessary.