MAXIMUS Federal Services

Case Number:	CM15-0196709		
Date Assigned:	10/12/2015	Date of Injury:	12/08/2009
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
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 58 year old male who sustained an industrial injury on 12-08-2009. According to a progress report dated 08-18-2015, the injured worker was being seen for chronic pain in his cervical spine and chronic bilateral shoulder pain. He reported "severe" neck pains that radiated to his shoulder. Pain was more right sided lateral. He was always stiff and aching. He had pain with head rotation. He had aching posteriorly. He had no radicular referrals. He continued to have moderate shoulder aching pain. Pain was rated 8 on a scale of 0-10. Current medications included Diclofenac and Nortriptyline. He appeared to be calm and in moderate pain. Diagnoses included cervical radiculitis, rotator cuff injury bilateral and myofascial pain syndrome. He continued to have neck pain and shoulder pain after bilateral arthroscopy. Home exercise was not well addressing neck pain. Physical therapy for the cervical spine was recommended. The provider noted that pain management counseling was required to address coping and expectations. The treatment plan included physical therapy, medications and pain management counseling 1 x a week for 6 weeks with a qualified mental health professional. Work status included permanent restrictions. On 09-15-2015, the provider noted that pain management counseling was being requested to deal with the delayed recovery as a result of the consequences of the industrial injury on daily life and activities of daily living. On 09-22-2015, Utilization Review non-certified the request for 6 sessions of pain psychotherapy 1 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of pain psychotherapy 1x6: Overturned

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: 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 six sessions of pain management psychotherapy; the request was non-certified by utilization review; which provided the following rationale for its decision: Last office visit report available for review is PR-2 dated September 15, 2015 and again noted employee complained of chronic neck and bilateral shoulder pain with no mention of any symptoms of psychopathology such as anxiety or depression. There is no psychiatric review of symptoms or documentation of mental status. Appeal for pain psychology states employee has developed or is at risk for developing chronic pain syndrome and request is to "deal with the delayed recovery as a result of the consequence of the industrial injury." I do not recommend certification of this request. Employees approaching six years post injury. At this time post injury, employee has chronic pain and clearly has been living with the consequences of the industrial injury. Given the absence of symptoms of psychopathology, medical necessity of pain psychotherapy is not established. This IMR will address a request to overturn the utilization review decision. In a letter addressing the utilization review denial of psychological treatment the requesting provider wrote that the patient is not asserting that he is filing a psyche claim as a part of the industrial injury but rather pain management counseling is being requested to deal with delayed recovery as a result of the consequences of the industrial injury on daily life and activities of daily living. According to a October 10, 2014 agreed medical evaluation supplemental report, it is noted that the patient has reactive depression/anxiety and sleep disturbance by his report, formal diagnosis deferred to forensic psychiatric evaluate or if pursued as industrial consequence. Is further noted that the patient reports he has been depressed and anxious over his condition. This is not really mentioned in the medical reports and I suspect that it is a reactive depression given significant

financial stressors. He also worked for his employer for many years and presents as a proud man that is struggling with his financial limitations. I suspect he would benefit from some pain management counseling. Issues pertaining to his psyche are otherwise outside the scope of my expertise and I would defer to forensic psychiatric evaluation to address this if pursued on an industrial basis. Although the provided medical records do not contain a comprehensive psychological evaluation as is normal with request to start what appears to be a new course of psychological treatment, the medical necessity and appropriateness of the request has been adequately established by the provided documentation submitted for consideration for this IMR. The patient is experiencing delayed recovery, does not appear to have received any psychological intervention, and is recording depression and anxiety symptoms. The industrial guidelines do support the use of psychological treatment and recommend, according to the official disability guidelines, an initial treatment trial of 4 to 6 sessions in order to determine whether patient is benefiting from treatment prior to authorization of additional sessions if medically needed. Therefore, the request is medically necessary and utilization review decision is overturned.