

Case Number:	CM15-0196718		
Date Assigned:	10/12/2015	Date of Injury:	01/12/2009
Decision Date:	11/18/2015	UR Denial Date:	09/24/2015
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 43 year old male who sustained an industrial injury on 1-12-2009. A review of medical records indicates the injured worker is being treated for lumbar post laminectomy syndrome, sacral radiculopathy, and depressive disorder. Medical records dated 9-16-2015 noted numbness in the left lower extremity, tingling in the left lower extremity, stiffness of the low back, interference with sleep, and feeling depressed. He reports naproxen helps pain periodically and noted methadone helps his pain currently. He continues to report depression and has good benefit when he was able to see psychologist. Physical examination noted fatigue, shortness of breath and while lying down. There were muscle aches and weakness and arthralgia's (joint pain) and back pain. There was depression, anxiety, sleep disturbances, and restless sleep. Treatment has included gabapentin and Lidoderm since at least 1-12-2015. Pristiq since at least 1-12-2015 and Abilify since at least 6-29-2015. Utilization review form dated 9-24-2015 modified chronic pain psychology x 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chronic pain psychotherapy times 12 sessions: Upheld

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 12 cognitive pain psychology sessions, the request was modified by utilization review which provided the following rationale for its decision: "Within the medical information available for review, there is documentation of 36 psychotherapy treatments completed to date, which exceeds the recommended guidelines. In addition, despite documentation that the patient had good benefit from prior psychotherapy treatments with the psychologist, there is no (clear) documentation of objective functional improvement with previous psychotherapy. In an effort to obtain additional information necessary to support the medical necessity of the request, September 24, 2015 4 PM contact with [REDACTED] identified the patient is not having had any treatments for well over a year and functional regression for which reinitiating a course of psychotherapy would be indicated. Therefore certification of the requested chronic pain psychology x 12 sessions is modified. This IMR will address a request to overturn the utilization review modification for six sessions and certified 12 sessions 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. According to the provided psychiatric treatment progress notes the patient has been diagnosed with Major Depressive Disorder, Single Episode, No Psychotic Features, and Chronic Pain. The patient has endorsed thoughts of killing himself on psychological testing and beck depression scores consistent with severe depression. The patient has received 36 treatment sessions to date, the Official Disability Guidelines recommend a course of psychological treatment to consist of 13 to 20 sessions maximum for most patients but makes an exception in the case of severe major depression to allow for up to 50 sessions with documentation of patient

benefit including objectively measured functional improvement as a direct result of prior psychological treatment. In this case the patient has received 36 prior psychological treatment sessions, psychological treatment notes were not included in the records provided for consideration for this IMR, however psychiatric treatment progress notes were. Utilization review modified the request of 12 sessions to allow for six sessions. There is also notation that the patient has not received psychological treatment in the year. The official disability guidelines recommend an initial treatment trial of 4 to 6 sessions in order to determine whether or not patient is responding with objectively measured functional improvement and making progress in treatment. At this juncture 12 sessions appears to be excessive in the absence of current documentation of objectively measured functional improvement of patient benefit as a direct result of treatment. Additional sessions could be established as being medically necessary with proper documentation of current patient benefit. However, in the absence of such documentation, the need to have an initial brief treatment trial (despite prior treatment of which no notes were provided) is needed, therefore, the medical necessity is not established and the utilization review modification for 6 sessions is upheld.