

Case Number:	CM15-0197392		
Date Assigned:	10/12/2015	Date of Injury:	06/29/2013
Decision Date:	11/20/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/07/2015

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 29 year old female, who sustained an industrial injury on 06-29-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, depression, lumbar discogenic pain, multilevel lumbar disc desiccation with tears, lumbar facet arthropathy, lower extremity paresthesias, myofascial pain, neck pain, cervical discogenic pain, upper extremity paresthesias, and intermittent numbness of the tongue. Medical records (05-20-2015 to 09-01-2015) indicate depression related to ongoing low back and leg pain which limits her ability to function. Additional physical complaints included numbness and burning sensation in the feet, and intermittent numbness in her hands. Psychological symptoms included feelings of hopelessness, loss of purpose, depression, irritability, loss of interest, insomnia, daytime sleepiness, and fatigue. The IW indicated that she did not want anti-depressant medications, and denied suicidal or homicidal ideations. It was noted that the IW had been denied private healthcare coverage due to not being a national citizen (for which she was reported to be working on obtaining). It was also noted that the IW had previously had imaging of the brain, spine and abdomen, which suggested that she had MS (Multiple Sclerosis). Records also indicate limited activities of daily living due to pain levels and depression symptoms. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 09-01-2015, revealed flat affect and difficulty expressing self. Relevant treatments have included: a psychiatric evaluation, work restrictions, and medications. The treating physician indicates that the IW had no symptoms of MS prior to the work related injury, and was totally healthy. The request for authorization (09-23-2015) shows that the following therapy was requested: 8 individual psychotherapy sessions. The original utilization review (10-05-2015) non-certified the request for 8 individual psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 individual psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy 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: 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. A request was made for 8 individual psychotherapy sessions, the request was non-certified by utilization review which stated the following rationale for its decision: The patient has completed six prior sessions of cognitive behavioral therapy no noted progress and appears to have the same severity of symptoms with regards to depression, feelings of hopelessness, loss of purpose, irritability, loss of interest, insomnia, daytime somnolence and fatigue as well as functional limitations due to chronic pain. Further sessions are only recommended up to 13 to 20 progress is being made. 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 reflect that the patient was reportedly injured during her work as a hotel housekeeper while carrying a large load of laundry downstairs and has been provided conventional treatment. Symptoms of possible MS were detected on a MRI. Patient is reporting significant psychological sequelae including depression. Current treatment progress notes indicate that cognitive behavioral therapy has been "significantly helpful" without clarification by her PTP. Cognitive behavioral therapy session treatment progress notes indicates that the patient is being provided with dialectic behavioral training (DBT) and stated "tolerance skills Chapter 2 DBT and practice safe place visualization. Patient unable to complete." The request was made for eight sessions with an interpreter to address the patient's mood symptoms and chronic pain symptoms and treatment plan is noted to include biofeedback, decreasing grief and loss, diaphragmatic breathing exercises and DBT to enhance coping skills and prepare patient returned to work. The provided treatment progress notes do not clearly and precisely indicate how much treatment the patient has received to date. There was reference to six sessions made by the utilization review report but it's not clear whether this was a comprehensive amount or not. The provided medical records do not indicate or reflect objectively measured functional improvement. No objective assessment instruments were utilized to document patient progress in treatment. It is stated that "rapport building and interruption treatment have made progress slow, however patient is making progress." But there is no further details regarding this progress. Treatment progress is discussed subjectively and not objectively without detail. Also, it is not entirely clear why dialectic behavioral therapy is being utilized for this patient. DBT therapy is recommended for patients with Borderline Personality Disorder as was patients with chronically suicidal ideation and behaviors (see ODG), and while he can be utilized with other psychological issues, it has not been established in the industrial guidelines as a treatment for pain management except for patients with BPD and chronic suicide behavior and thoughts. The treatment plan appears generic and not individualized for pain management although this is not unequivocal. In the absence of detailed information regarding the exact number of treatment sessions patient has received to date recorded by the clinician as well as detailed information regarding objectively measured functional progress the patient has derived from prior treatment, the medical necessity of this request is not established and utilization review decision for non-certification is upheld.