

Case Number:	CM15-0197508		
Date Assigned:	10/12/2015	Date of Injury:	06/05/2010
Decision Date:	11/19/2015	UR Denial Date:	10/02/2015
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:

This is a 39-year-old female with a date of industrial injury 6-5-2010. The medical records indicated the injured worker (IW) was treated for chronic pain syndrome; persistent disorder of initiating or maintaining sleep; dysthymic disorder; disorders of bursae and tendons in the shoulder region, unspecified; possible cervical radiculitis; myalgia; cervicgia; anxiety disorder, not otherwise specified and depressive disorder, not otherwise specified. In the progress notes (9-24-15), the IW reported pain in the left neck, left shoulder and occasional numbness in the left upper arm rated 6 out of 10 without pain medication and 4 out of 10 with them. The pain was unchanged since her last appointment. She stated her pain was improved with medication, sitting, lying down and physical therapy. She was taking Tylenol for pain due to pregnancy. On examination (9-24-15 notes), there was tenderness to the cervical paraspinal muscles and facet joints and diffuse tenderness to the left shoulder. Her PHQ-9 depression inventory score was 15, indicating moderately severe depression. She denied suicidal ideation. Treatments included home exercise program, heat and ice; previous sessions with a psychologist, Cymbalta and Effexor. The IW was not working. A Request for Authorization was received for six psychology sessions. The Utilization Review on 10-2-15 non-certified the request for six psychology sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 psychology sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 six psychology sessions; the request was non-certified by utilization review with the following provided rationale: "...the patient reported depression, anxiety, and insomnia though no suicidal or homicidal ideations... The clinical documentation submitted for review indicated the patient had moderately severe depression and was interested in seeking treatment. However there is no referral from an appropriate specialist such as a psychologist or psychiatrist or mental health provider. Additionally, the request exceeds the guidelines recommended for duration of initial treatment." This IMR will address a request to overturn the utilization review decision. According to an Agreed Medical Evaluation in Psychiatry April 11, 2015, regarding her prior psychological treatment, it was noted that "I had earlier recommended that she have a Spanish-speaking psychologist, but that did not occur. She saw psychologist [REDACTED], only a little Spanish and individual sessions on about six occasions, which ended in July 2013, around the time that she gave birth. She was also in-group on two occasions but did not subsequently Avenue treatment. She could not reconstruct with the goal of treatment was with [REDACTED] or and whether specific target symptoms had been identified." Mental status exam showed significant emotional lability and feelings of anxiety and hopelessness. It was further noted that "she did not show however, evidence of significant

depression, despite her lability." Prior psychological assessment in 2012 suggests diagnosis of: Anxiety and Depressive disorder not otherwise specified, Dependency traits on Axis II. It was strongly recommended that the patient receive individual rather than group therapy by a Spanish-speaking psychologist rather than a non-Spanish-speaking psychologist. It was also noted that her prior psychological treatment was insufficient. The medical records suggest that the patient's prior psychological treatment was inadequate to address industrial injury related to psychological symptomology. Utilization review declined to authorize the request based on no recent history of physical therapeutic interventions; however, the medical notes indicate that prior chiropractic and physical therapy aggravated her symptomology. Psychological symptomology appears to be significant at a clinically significant level and prior psychological treatment appears to be limited. Therefore, the medical reasonableness and necessity of this request is established. Psychological treatment is recommended only on an individual basis by a Spanish-speaking therapist or with interpreter for this patient. Because medical necessity has been established the utilization review decision is overturned. Therefore, the requested treatment is medically necessary.