

Case Number:	CM15-0203894		
Date Assigned:	10/20/2015	Date of Injury:	09/14/2012
Decision Date:	12/03/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/16/2015

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 60 year old male with a date of injury on 09-14-2012. The injured worker is undergoing treatment for inguinal hernia, unilateral without mention of obstruction or gangrene, abdominal-flank-groin pain, right groin pain, Right IL-IH-GF neuralgia, right femoral neuralgia, depression and pain disorder associated with psychological and medical factors. A psychologist's progress note dated 06-09-2015 documents time was spent discussing his psychological and physiological progression since he was last seen. He feels he is moving backwards. His focus is on frustration he is dealing with that is outside his control. He was encouraged to challenge himself to put his emotional focus and energy into things that are within his control. He will be seen on as needed basis as appropriate. He has no suicidal-homicidal thoughts or intent. A physician note dated 08-18-2015 documents the injured worker is dealing with a lot of depression and anxiety. He has had a right inguinal hernia repair with mesh, and since then he has had IL-IH neuralgia. He is status post-surgery to correct a hydrocele. He has had no improvement in pain and only temporary decrease in swelling. This was the 5th time he had this procedure. Pain and swelling have been consistent since his first surgery. A physician progress note dated 09-15-2015 documents the injured worker's lumbar range of motion is restricted with increasing concordant pain in all planes due to stretch of lower abdominal and pelvic muscles. Right groin is hypersensitive along the right IL-IH and GF nerve but decreased along the right inner thigh. Straight leg raise test is negative bilaterally for radicular signs and symptoms until 60 degrees. There is tenderness at the right IL-IH, and GF nerve. There is tenderness at the right femoral nerve with weakness and numbness. He is very depressed and

this is preventing him from being functional. He would benefit from counseling session to learn coping strategies, relaxation techniques, and various non-pharmacological measures to manage pain and emotions that go hand in hand. Treatment to date has included diagnostic studies, medications, and groin surgery x 3, nerve block that helped for 3 hours, Functional Rehabilitative Program (which he was unable to complete due to pain), physical therapy, and 6 prior cognitive behavioral therapy sessions. Current medications include APAP-Hydrocodone, Pregabalin, Advil, ASA, and Tylenol. On 09-22-2015 Utilization Review non-certified the request for Psych cognitive behavioral therapy times 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych cognitive behavioral therapy times 6: Overturned

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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 cognitive behavioral therapy six sessions, the request was non-certified by utilization review which provided the following rationale for its decision: "injured worker has had six prior sessions. No documented reinjury. Based on the duration and nature of ongoing pain and psych issues, and the fact that the injured worker has already had extensive functional restoration

program and prior similar cognitive behavioral therapy without documented sustained functional improvement and without new hard clinical indications for the need for additional sessions, according to the MTUS treatment guidelines the request is not medically necessary." 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. According to the treatment progress note from the patient's primary treating physician October 22, 2015 he patient met with the psychologist three times for individual sessions and they helped him to understand and realize that things in his body or changing. Things from the past or not the same way that they are now. He needs to pace himself and go a little slower. "It may take a much longer time frame to get things done in the as to make accommodations. There been a lot of changes in this challenging for him to accept these changes and the therapist is helping him to work through them." The cognitive behavioral therapy sessions were denied and the rationale was that his prior participation in functional restoration program included psychological treatment however his primary treating physician notes that he only was in functional restoration program for just a few days and that he is currently dealing with family crisis and support as well as the cognitive behavioral therapy for his pain." His primary treating physician also notes with regards to the denial of psychological treatment that he has learned several new coping skills through meeting With [REDACTED], but feels he needs to reevaluate his entire life and needs more help and exhibits "signs of depression. He cannot have interventional treatment, he cannot tolerate medication, and if we can possibly provide them with psychological sessions he might be able to feel as though there is some sort of improvement in his life, as he is currently feeling that there is nothing that can be done. Please reconsider and authorize." Individual treatment progress report from [REDACTED] June 9, 2015 does reflect subjective reported patient progress in treatment but does not contain objective measured assessment of patient benefit. The provided medical records only marginally support the request for additional psychological treatment, six sessions. N further treatment should be authorized, if medically need and appropriate, without the precise number of the total quantity of sessions the patient has received since the start of his psychological treatment on an industrial basis. The medical records that were provided indicate that he has only received six sessions, however it does seem likely that more has been provided. In addition, no further psychological treatment after this block of sessions should be provided without an objective assessment of patient progress including the administration of a psychological assessment tool. Because the medical necessity the request was established the utilization review decision was medically necessary.