

Case Number:	CM15-0026820		
Date Assigned:	02/19/2015	Date of Injury:	02/03/1999
Decision Date:	04/15/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/12/2015

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 54 year old male, who sustained an industrial injury on 2/3/1999. The diagnoses have included chronic pain due to trauma, chronic, unspecified myalgia and myositis, spinal stenosis of the lumbar region, degenerative disc disease post laminectomy syndrome of the cervical spine and depression. Treatment to date has included spinal injections and medication. Surgical history included two cervical spine fusion surgeries. According to the Primary Treating Physician's Progress Report dated 1/15/2015, the injured worker complained of worsening back pain. The injured worker was noted to have had a recent lumbar facet joint injection with a reported 55% reduction in reference pain. Current medications included clonidine HCL, Ativan, Norco, Ambien, Pepcid and Tramadol. Lumbar exam revealed tenderness of the paraspinous L2, L3 and L4 facets. Per the initial psychological consultation report dated 1/15/2015, the injured worker reported having anxiety, fatigue, excessive worrying, depression and sleep disturbances. The assessment was for a depressive disorder, anxiety disorder, post traumatic stress disorder and a pain disorder. Treatment recommendation was for 24 psychotherapy visits. On 1/27/2015, Utilization Review (UR) modified a request for 24 psychotherapy sessions to 10 psychotherapy sessions. The Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Guidelines and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 psychotherapy consults: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400 - 401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy for chronic pain, See also Part two, behavioral interventions, psychological treatment Page(s): 23-24: see also 101-102.

Decision rationale: Citation: 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 recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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) allow a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: The MTUS/official disability guidelines note that for most patients a course of psychological treatment consisting of 13-20 sessions maximum is appropriate. There is an exception that can be made in some cases of very severe major depressive disorder/PTSD if progress is being made in treatment that can allow up to 50 sessions. This request is for 24 sessions. The request exceeds the recommended guidelines for most patients. There is also a direction in the guidelines state that treatment progress should be monitored for medical necessity and patient benefit so that alternative treatment strategies can be implemented if treatment failure appears to be imminent. Continued psychological care is contingent upon the establishment of medical necessity based on documentation all three of the following factors: significant patient psychological symptomology, patient benefited from prior treatment sessions including objectively measured functional improvements, and the total quantity of sessions being requested is consistent with treatment guidelines. Because this request exceeds guidelines medical necessity is not established, therefore the utilization review determination for non-certification is upheld.