

Case Number:	CM15-0027278		
Date Assigned:	02/20/2015	Date of Injury:	03/17/1999
Decision Date:	05/05/2015	UR Denial Date:	01/13/2015
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 57-year-old male who sustained an industrial injury on 3/17/1999. His diagnoses, and/or impressions, included: pain disorder associated with psychological and general medical conditions, and with major depressive and anxious features; tear medial meniscus knee; olecranon bursitis; lumbar spinal stenosis; osteoarthritis lower leg; thoracic/lumbar neuritis/radiculitis; adhesive capsulitis shoulder; chronic pain syndrome; and difficulty/loss of penile sensation. His treatments have included lumbar spine surgery; ice/heat therapy; activity modifications; transcutaneous electrical stimulation unit therapy; and medication management. The progress notes of 10/13/2014, shows complaints of chronic and radiating lumbar spine, knee, left shoulder, bilateral elbow, and bilateral hand and wrist pain. Noted is that multiple other treatment modalities have been denied. The physician's requests for treatment included 1 consult with a psychologist/psychiatrist, and 6 visits for the purpose of behavioral pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and six visits with a psychologist, for behavioral pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation: see also Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 100-101: see also 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: Citation summary for psychology evaluation/consultation: According to the MTUS, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. Citation for psychology visits: 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 co-morbid 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) 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. Determination: A request was made for a psychological consult and 6 visits with the psychologist, the utilization review determination was to allow for modification of the request stating that the consultation is medically necessary and appropriate but that the 6 sessions are non-certified pending outcome of the initial consultation and resulting treatment plan, if found to be medically necessary. The consultation appears to have been completed and the February 2015 and was included for consideration for this IMR. In addition to the

consultation to treatment progress notes were found one from February 17, 2015 and another from July 29, 2014. Both treatment progress notes are nearly identical in content. Continued psychological treatment is contingent upon all 3 of the following factors: patient psychological symptomology continuing at clinically significant levels that warrant treatment, total quantity of sessions provided to date consistent with MTUS guidelines and documentation of objectively measured functional indices of improvement and patient benefit as a direct result of prior treatment. Based on the documentation provided, the medical necessity of the requested treatment has not been established. There is no active treatment plan with stated goals and estimated dates of accomplishment. The total number of sessions that the patient has received to date is unclear and could not be estimated based on the limited documents provided. MTUS guidelines recommend 13 to 20 sessions for most patients with an extended treatment consisting of approximately 50 sessions for patients with very severe major depression or PTSD with significant documentation of patient benefited from prior treatment. Because it could not be determined how many sessions the patient has received to date it could not be determined whether or not 6 additional sessions would exceed these guidelines. In addition, the documented progress notes do not reflect treatment having an impact on the patient in terms of objectively measured functional improvement or progress. Along these lines, the progress note states "his prognosis and plan for ending treatment both depend on eventual stabilization of his physical medical condition." This is not a clear plan for helping the patient to transition independent psychological functioning. For this reason, medical necessity of this request is not been established based on MTUS/ODG guidelines. This is not to say that the patient does not require psychological care, only that the medical necessity of this request was not established based on the provided documents/and guidelines. Because medical necessity was not established, the utilization review determination is upheld.