

Case Number:	CM15-0216827		
Date Assigned:	11/06/2015	Date of Injury:	01/17/2011
Decision Date:	12/18/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/03/2015

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 52 year old male with an industrial injury date of 01-17-2011. Medical record review indicates he is being treated for chronic pain syndrome, lumbar degenerative disk disease, lumbar radiculitis, lumbar spondylosis, thoracic degenerative disk disease and thoracic spondylosis. Subjective complaints (09-23-2015) included pain in thoracic axial spine, lumbosacral axial spine and bilateral lower extremities. The pain is rated as 8 out of 10 and is described as dull to sharp aching pain with some burning component. Work status is not indicated. Current medications (09-23-2015) included Opana, Oxycodone, Gabapentin, Meloxicam, Cymbalta and Nortriptyline. Prior treatments included pain management "which has been very beneficial for him in dealing with chronic pain." Other treatments included spinal cord stimulation and medications. Objective findings (09-23-2015) included muscle spasms of paraspinous musculature. Psychiatric exam noted logical and linear thought process, alert and oriented, intact and appropriate attention span and concentration and appropriate mood and affect. The most recent note dated 09-16-2015 by behavioral medicine noted the injured worker was "doing fairly well." The patient's anger levels are relatively low compared to what they have been in the past. "He remains dysphoric, but not extremely so." He seems to be coping somewhat better with his pain, but when this is mentioned he will challenge this and say he is still overwhelmed day-to-day and is especially bothered by groin pain. The treating physician also noted the injured worker had "not completely moved toward the idea his pain is inevitable." "When he allows himself to be closer to his pain, in a sense, he still triggers a strong emotional

response." On 10-06-2015 the request for 8 office visits (psychology) was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 office visits with [REDACTED] (psychology): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations. 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) recommends 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 eight office visits [REDACTED] psychology the request was not on certified by utilization review which provided the following rationale for its decision: Claimant has attended 16 sessions with [REDACTED] [REDACTED] since February 27, 2014. Documentation notes that the claimant is doing "fairly well", anger is reduced, and the claimant seems to be coping better. In this case, the claimant has exceeded the CA MTUS recommendations for number of psychotherapy visits; additionally, given the improvement to date, it is appropriate for the claimant to be independent with skills learned to date. Medical necessity for additional office visits is not established. Recommendation for recommended non-certification, this IMR will address a request to

overturn the utilization review decision. All the provided medical records were carefully considered for this review and consisted of approximately 87 pages including many individual psychological treatment progress notes. The total quantity of treatment that the patient has received to date is listed as 16 sessions from the time that he apparently started this current course of psychological treatment in February 2014 through the date of this request. It is unclear whether or not the patient received prior psychological treatment from the time of his injury up to the February 2014 initial evaluation. However, the medical records do not appear to indicate that he did receive psychological treatment during the years 2011 to early 2014, however this could not be established definitively. The MTUS treatment guidelines recommend 6 to 10 treatment sessions whereas the ODG guidelines recommend 13 to 20 sessions for most patients. According to the ODG guidelines additional sessions can be authorized in cases of Severe Major Depressive Disorder or severe PTSD. Because the patient does not have either of these diagnoses at the present time the extended course of psychological treatment is not indicated for this patient. Assuming that the total quantity of sessions at the patient has received to date is 16 as reported and reflected in the treatment progress notes, the patient would be eligible for four additional sessions. This request is for eight sessions. Although the request exceeds the recommended guidelines for four sessions, exception can be made to allow for this request to be authorized. The request itself appears to be medically appropriate based on the patient's continued psychological symptomology as well as his reported subjective improvements as a result of prior psychological treatment. No objectively measured functional reports of patient change were included for consideration (for example psychological assessment instruments). Because this request will exceed the ODG guidelines by a little bit these sessions should be considered as treatment termination and transition to independent psychological functioning sessions. Because the medical appropriateness and necessity of the request is established, the utilization review decision is overturned. 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. Therefore the request is medically necessary.