

Case Number:	CM15-0219816		
Date Assigned:	11/12/2015	Date of Injury:	07/17/2013
Decision Date:	12/22/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/09/2015

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 42-year-old female, with a reported date of injury of 07-17-2013. The diagnoses include enthesopathy of the wrist and, or hand, degeneration of lumbar intervertebral disc, wrist joint pain, and chronic pain syndrome. The medical report dated 07-06-2015 indicates that the injured worker continued to have a lot of pain in the wrist after surgery. She reported that her low back and leg pain had increased. The physical examination showed depression, anxiety, sleep disturbances, no acute distress, very limited range of motion of the lumbar spine with increased pain on flexion to 10 degrees and extension to 5 degrees; and leaning to the right with right shoulder about 5 cm lower than the left. The medical report dated 10-05-2015 indicates that the injured worker reported that she had an MRI of the right wrist and there were findings of bone marrow swelling and subchondral bone loss at the radial margin of the ulna. She also reported that her low back and leg pain had been increasing. It was noted that exercises and walking about 30 minutes per day increased the pain. The injured worker stated that she had been feeling very depressed about her pain and disability and would like to see a psychologist regarding this. The physical examination showed weakness in the right hand; numbness and tingling in the right hand; no acute distress; a normal mood and affect; oriented to time, place, and person; very limited range of motion of the lumbar spine with increased pain on flexion to 10 degrees and extension to 5 degrees; leaning to the right with right shoulder about 5 cm lower than the left; normal motor strength in the bilateral lower extremity, except for the right knee; and decreased sensation to cold in the anterior and lateral leg. It was noted that the injured worker had depression, anxiety, sleep disturbance, restless sleep due to pain, and stress. The

injured worker's work status was not indicated. The diagnostic studies to date have included an MRI of the lumbar spine on 02-13-2014 which showed mild annular disc bulges at L4-5 and L5-S1 causing mild bilateral neural foraminal narrowing; and an MRI of the right wrist and upper extremity on 08-24-2015 which showed stable degenerative tearing at the radial margin of the triangular fibrocartilage complex, new moderate bone marrow swelling and partial-thickness chondral loss at the radial margin of the ulna consistent with degenerative change, and small radial ulnar joint effusion. Treatments and evaluation to date have included Ibuprofen, Lidoderm patch, piroxicam gel, physical therapy, and injections. The request for authorization was dated 10-15-2015. The treating physician requested behavioral psychotherapy referral, six (6) initial visits for the injured worker's chronic pain to assist with coping with chronic pain. On 10-23-2015, Utilization Review (UR) non-certified the request for behavioral psychotherapy referral, six (6) initial visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral Psychotherapy Referral, 6 initial visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Behavioral interventions. 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) 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 Behavioral psychotherapy referral, six initial visits. The request was non-certified by utilization review which provided the following rationale for its decision: "there is an April 15, 2014 initial evaluation from pain psychologist [REDACTED]. This outlined a treatment plan with cognitive behavioral therapy time six (which were approved). Requested a referral with a psychiatrist for consideration of psychotropics. Administrative claims notes indicate that no documentation of the result of the treatment was received and that there have never been any requests for psychotropic medication. At this point there has already been an initial evaluation for psychotherapy and the patient may have attended at least six sessions. If she did not she could be referred back to the original evaluating provider for follow-up for the recommended sessions. She did get to six sessions, then we would need to know the patient's response to treatment to determine whether or not additional treatment for psychotherapy would be appropriate for guidelines. Therefore, currently it is not possible to improve six initial sessions and referral to a different therapist." This IMR will address a request to overturn the utilization review decision. According to a treatment progress note from her primary care physician on October 5, 2015 it is noted that "she reports that she has been feeling very depressed about her pain and disability and would like to see a psychologist regarding this." Under the category of discussion and treatment plan it is noted that "recommended cognitive behavioral therapy for chronic pain to assist with coping with chronic pain. This is consistent with the ODG guidelines." According to another primary care treating physician progress note from November 9, 2015 it is noted that the patient has "interference with sleep noted feels depressed feels anxious." Although the utilization review mentions a psychological evaluation from 2014, and authorization for six sessions, this is not found in the provided medical records for this IMR. It is not clear whether or not she's had current psychological evaluation or not. There are several mentions of depression and anxiety and psychological sequelae that have resulted from her industrial injury. At this juncture, an initial treatment trial of six sessions of psychological treatment for chronic pain appears to be reasonable and medically appropriate. There is no indication in the medical records provided that the patient has in fact completed any prior psychological treatment, in fact it appears based on the request wording from the treating physician that she probably is not although this could not be determined definitively. It will be essential that during the course of these initial successions that the treating psychologist clarify this matter with detailed information on whether the patient has or has not received prior psychological treatment and if she has how many sessions and what the outcome was. This request for six initial sessions is consistent with ODG guidelines, which recommend 4 to 6 sessions as an initial brief treatment trial. No further psychological treatment should be authorized after this initial successions without further information. Because the request was found to be medically appropriate and necessary, the utilization review decision is overturned.