

Case Number:	CM15-0034434		
Date Assigned:	03/02/2015	Date of Injury:	04/13/1993
Decision Date:	04/08/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/24/2015

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 61 year old male who sustained a work related injury April 13, 1993. Past history includes hypertension, myocardial infarction, asthma, diabetes mellitus, chronic pain syndrome, hyperlipidemia, depression, bilateral lower extremity insufficiency; s/p left knee arthroscopic surgery, s/p left and right carpal tunnel release and back surgery. According to a treating physician's progress report, dated February 10, 2015, the injured worker presented for follow-up examination. He mentioned his legs had been oozing but had stopped. There is 1-2 plus pretibial pitting and brawny discoloration as before. Assessment is documented as venous insufficiency and inflammation of the right leg. He continues to see pain management, is using compression stockings and his right leg is the same, constant numbness, continues medications, mobilizes in a wheel chair and just returned from a trip to Hawaii. According to utilization review dated February 19, 2015, the request for 12 CBT (cognitive behavioral therapy) psychotherapy sessions is non-certified, citing Official Disability Guidelines (ODG) and MTUS Chronic Pain Medical Treatment Guidelines. The request for referral to [REDACTED] for psych/med consult is non-certified, citing Official Disability Guidelines (ODG) and ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 CBT psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Citation Summary Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102, see also 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines, March 2015 update.

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 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 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: A request was made for 12 sessions of cognitive behavioral therapy the utilization review determination was for non-certification of the request. The rationale provided for this determination was stated as: "given the lack of objective evidence of continued functional improvement from the previous therapy, the lack of subjective and objective evidence of depression or PTSD symptoms requiring psychotherapy and the cited evidence-based guidelines, continued psychotherapy does not appear indicated." According to the request for authorization of treatment the patient has been diagnosed with the following psychological/psychiatric illnesses: depressive disorder not otherwise specified secondary to industrial injury; anxiety disorder not otherwise specified secondary to industrial musculoskeletal injury. The treatment request is described as "essential to prevent deterioration and provide sufficient symptom relief to allow even minimal functioning at home and in the community. As a result of his industrial lumbar spine injury this man is now wheelchair-bound and reasonably requires mental health care to cope with feelings of being trapped and hopeless." According to a group psychotherapy session note from September 30, 2014, the group focused on reducing self blame, connecting with each other, turning over anxieties, and several additional topics. The medical records that were provided for this review do not substantiate the medical necessity of

the request. The patient was injured in 1993. Although several psychological treatment progress notes were provided, the total quantity of sessions at the patient has received to date could not be reasonably estimated and was not clearly stated. Treatment guidelines state that most patient's course of 13 to 20 sessions is appropriate but that in some cases of severe major depression / PTSD additional sessions up to 50 may be offered contingent upon patient benefit and progress in treatment. Because the total number of sessions at the patient has been provided to date was not stated the request for 12 additional sessions cannot be determined whether or not they would exceed guidelines, however given the length of the patient's injury it appears very likely that they would. In addition the documentation of patient and effect for example objectively measured functional improvements was not provided in the medical records. Without information regarding the total quantity of patient sessions already received and documentation of objective functional improvement based on prior sessions the medical necessity of the request could not be established. Because of this the utilization review determination is upheld for non-certification. This is not to say that the patient does, or does not need a psychological treatment, only that the medical necessity of the request was not established by the documentation that was provided for consideration for this review.

1 referral to [REDACTED] for psych med consult: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 B: Referral.

Decision rationale: Citation Summary: ACOEM chapter 15 page 398 B, Referral. Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, are referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. Decision: A request was made for one referral to [REDACTED] for psychiatric medication consultation, the request was non-certified by utilization review with the following rationale provided: quote the patient was being treated for impaired sleep, energy, concentration, memory, emotional control and stress tolerance. Guidelines stress the importance of follow-up visits for the patient and physician to assess and alter treatment plans and are regarded as crucial in patient care. Given the patient does not appear to be prescribed anti-depressants or any psychological medications at this time, the only medication the patient is currently prescribed is Narco and Butrans patches through another

doctor and the cited evidence-based guidelines, the request for a referral to manage the patient's psychiatric medication does not appear indicated."In contrast the to UR determination for non-certification, and according to the request for treatment authorization, the rationale for request was stated that medication follow-up is to be held one session every 3rd month and there is a notation of a request to refill the following medications: 300 mg of Wellbutrin XL 90 tablets, 100 mg of trazodone 360 tablets, 1 mg of Ativan 90 tablets and 10 mg BuSpar 270 tablets. Given that there is documentation in the medical record that the patient is suffering from depression and has been taking psychological/psychiatric medication and has been involved in psychological treatment, one consultation with psychiatric physician is medically reasonable and appropriate at this juncture. Given that the medical necessity of the request is established the utilization review determination is overturned.