

Case Number:	CM15-0034438		
Date Assigned:	03/02/2015	Date of Injury:	04/30/2006
Decision Date:	04/08/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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 48 year old male, who sustained an industrial injury on 04/30/2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include pain in the thoracic spine and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included status post lumbar arthrodesis with retained hardware and medication regimen. In a progress note dated 12/29/2014 the treating provider reports an exacerbation of low back pain that radiated to the lower extremities with numbness and weakness. The treating physician requested four sessions of psychotherapy for increased anxiety and depression secondary to chronic pain and loss of function. On 01/30/2015 Utilization Review non-certified the requested treatment of four sessions of psychotherapy, noting the California Medical Treatment Utilization Schedule 2009, Behavioral Interventions, page 23; Psychological Evaluations, page 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines 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, topic: cognitive behavioral therapy, psychotherapy guidelines, March 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 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 utilization review determination for non-certification of 4 sessions of cognitive behavioral therapy was stated as: "the requested treatment of psychotherapy would not be supported without results and treatment recommendations from the psychological evaluation. This request was concurrently reviewed with a request for psychological evaluation. Therefore the request for 4 sessions of psychotherapy, psychological evaluation is noncertified. Psychological evaluation is appropriate as the patient has complaints of increased anxiety and depression due to the injury. Peer-to-peer contact was not successful. The evaluation would help to distinguish complaints and findings between conditions that are pre-existing, aggravated by the current injury or work-related and as such would be supported." According to the medical records that were provided for this review, a psychiatric AME was found from September 11, 2010. Are indicated as far back as 2007, and possibly much earlier, and continued forward. Psychiatric treatment is noted to have been provided in 2008 and additionally psychological treatment every other week individual and group therapy in 2008. Psychological treatment continued in 2009 and 2010. A supplemental medical legal psychiatric evaluation report permanent and stationary psychiatric disability was found from May 11, 2011. This report indicates that the patient continued to see his psychiatrist once every 2 months and individual therapy once every 2 weeks with group therapy once every 2 weeks as well. There is no information regarding his psychological treatment from 2011-2014. The patient has received extensive psychological treatment over a period of many years. The total quantity of treatment received to date is unclear. Continued psychological treatment is contingent the establishment of medical necessity of the requested treatment which usually is exemplified by all three of the

following issues being clearly documented: continued patient psychological symptomology that necessitates treatment, total duration and quantity of treatments consistent with MTUS/official disability guidelines, and that there is evidence of significant patient benefited from prior treatment sessions including objectively measured functional improvements. All the medical records that were provided for this review were carefully considered. There is evidence of significant prior psychological treatment. Current guidelines recommend that patients receive 13-20 sessions maximum; an exception can be made in some cases of severe psychological / psychiatric symptomology to allow for up to a maximum of 50 sessions if there is documentation of significant patient benefit including objectively measured functional improvements. The patient appears to have received already more than the maximum quantity of sessions suggested by the official disability guidelines. This request appears to be to restart a psychological treatment. There is no documentation of how much treatment the patient has received in recent years. A psychological evaluation has been requested and approved. It is reasonable to expect the results of that evaluation to contain the missing information that would be needed to support the request to restart his treatment. Medical necessity is not based solely upon patient psychological symptomology. Continued psychological care is contingent upon the establishment of patient benefit from prior treatment as well as a maximum amount of treatment quantity per MTUS guidelines. No active treatment plan is provided with the stated goals and estimated dates of accomplishment. Due to insufficient information and possible excessive quantity of treatment already received, the medical necessity of this request is not established. Because medical necessity of the request is not established the utilization review determination is upheld.