

Case Number:	CM15-0040073		
Date Assigned:	03/10/2015	Date of Injury:	07/22/1996
Decision Date:	04/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/03/2015

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 55 year old female, who sustained an industrial injury on 7/22/1996. The details of the initial injury were not submitted for this review. The diagnoses have included lumbar disc displacement, stenosis, radiculopathy, degenerative disc disease, cervicalgia, post laminectomy syndrome cervical region, intractable headache and major depression. She is status post cervical fusion C4-5-6, in 2000 and 2010. The medical records also indicated a past history of suicidal ideations and treatment including psychotropic medication along with care of a psychologist and psychiatrist. Treatment to date has included medication therapy, psychological treatment, cognitive behavioral therapy, lumbar epidural steroid injections. Currently, the IW complains of intractable headaches, neck and low back pain rated 4/10 with medications and 10/10 VAS without medications. The physical examination from 1/20/2015 documented tenderness in the suboccipital regions, lumbar region, right hip and tight thigh with a positive straight raise test. There was decreased sensation in all extremities bilaterally. The plan of care included continuation of home exercises, medication therapy, and ongoing psychiatry and psychologist care for the anxiety and psychotropic medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 10 Visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cognitive Behavioral Therapy (CBT).

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, 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 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 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: According to a clinical summary provided regarding this treatment request, the patient has completed 24 sessions of psychotherapy and was last seen 6 months ago and has made progress in treatment and is now scheduled for another surgery but is increasingly depressed as a result. The patient has a significant history of severe major depression including with suicidal ideation significant to necessitate two psychiatric hospitalizations, at least one of these was facilitated by her primary treating physician who felt it necessary. The request for 10 treatment sessions was modified to allow for 4 sessions by utilization review and non-certified the additional 6 sessions. The patient is now preparing for another surgery. According to an appeal of the non-certification for psychotherapy letter from February 6, 2015, the two recent psychiatric hospitalizations were followed by a provision for in-home nursing supervision for monitoring of suicidal ideations and "additional psychotherapy at this time is imperative at least until she is stable in treatment with a new psychiatrist." Continued psychological treatment is contingent upon all 3 of the following being documented clearly: continued psychological symptomology significant to warrant the medical necessity of continued treatment, the total quantity of sessions provided to date consistently treatment guidelines, and that the patient appears to be making significant benefit and objectively measurable improvements in treatment. The medical records suggest that she has only received 24 sessions however; this does not seem likely or accurate given the date of her injury. The severity of the

patient's psychiatric symptomology appears to warrant that a rare exception to the MTUS guidelines should be made to allow for a brief period of psychological care but that the sessions should be used towards stabilizing and ending decreasing her future psychological treatment to the extent possible. Because the medical necessity of the request appears to be established, the utilization review determination is overturned.