

Case Number:	CM15-0041539		
Date Assigned:	03/11/2015	Date of Injury:	08/15/2008
Decision Date:	04/14/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/04/2015

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 57 year old female, who sustained a work related injury on 8/15/08. The diagnoses have included reactive depression, left scapular pain, left shoulder pain, cervical pain and thoracic pain, rule out herniated nucleus pulposus. Treatments to date have included left shoulder and neck physical therapy, shoulder surgery in 7/2011, medications, branch blocks, trigger point injections and epidural injections. In the Psychological Evaluation dated 10/24/14, the injured worker complains of constant left upper back, left shoulder, left elbow, left wrist and neck pain. She has mild numbness and tingling in the left two little fingers and palm. She states she cannot turn head without pain. She states she is feeling depressed due to her shoulder/back injury. She cries easily and feels like she is more irritable and less patient than before the accident. She is more forgetful. She reports problems with concentration and her sleep is OK, but not good. The treatment plan is a request for authorization of initial 12 sessions over 5 months of individual psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy cognitive behavioral, eight sessions over six months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral interventions, cognitive behavioral therapy for chronic pain Page(s): 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: 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) 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: According to a psychological evaluation (October 24, 2014) the patient has been diagnosed with the following psychological disorders: pain disorder; major depression, moderate; anxiety disorder not otherwise specified. A request was made for individual psychotherapy cognitive behavioral, 8 sessions over a six-month period. The request was non-certified by utilization review offered a modification of the request to allow for 6 sessions. According to the official disability guidelines/MTUS a course of cognitive behavioral therapy should have an initial treatment protocol consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (official disability guidelines) as an initial treatment trial. Pending documentation of the outcome of this initial treatment trial if there is documentation of evidence of objective functional improvements additional treatment sessions can be offered up to a maximum of 13-20 for most patients. In some cases of severe major depression or PTSD, additional sessions may be authorized based on medical necessity and documentation of patient benefit. It is not entirely clear whether or not this is the first treatment request for this patient given that her injury occurred in 2008 it seems possible that a course of prior psychological treatment may have been attempted, if so this information is also needed including treatment quantity and outcome. Because this request does not account for the required brief treatment trial per treatment guidelines, the medical necessity of the request is not established. This is not to say that the patient does or does not require psychological treatment only that the request does not follow the protocol. Because medical necessity is not established, the utilization review determination is upheld.