

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0048623 | | |
| Date Assigned: | 03/20/2015 | Date of Injury: | 12/20/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 03/14/2015 |

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 53-year-old female, with a reported date of injury of 12/20/2012. The diagnoses major depressive disorder, anxiety disorder, left carpal tunnel syndrome, left wrist pain, left upper extremity complex regional pain syndrome, left shoulder pain, and partial thickness tears of the supraspinatus and infraspinatus tendons. Treatments to date have included nerve conduction studies, physical therapy, an MRI of the left wrist, left carpal tunnel release, triangular fibrocartilage complex debridement, and oral medications. Currently, the injured worker complains of left arm pain and occasional left shoulder pain. The progress report dated 02/17/2015 indicates that the injured worker described the arm pain as burning and aching. She rated the pain 5 out of 10. The objective findings include full active range of motion of the left elbow joint, no swelling in the left hand, and mild limitation of motion of the left fingers/hand. The treating physician requested sixteen psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 16 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS 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 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. And the official disability guidelines according to both the MTUS and the official disability guidelines, there is a specific procedure for the beginning of a new course of psychological treatment. In both cases and initial brief course of psychological treatment is required in order to establish that the patient is benefiting from the treatment. This initial brief course of psychological treatment consists of 3 to 4 sessions per MTUS guidelines or 4- 6 sessions per the official disability guidelines. The requested treatment was for 16 sessions. This request does not follow the treatment protocol outlined above and therefore was correctly modified by utilization review to allow for 3 initial sessions. Additional psychological treatment is contingent upon establishing medical necessity, which typically involves documentation of all 3 of the following issues: significant patient psychological symptomology, evidence of patient benefited from prior treatment sessions including objectively measured functional indices of improvement, and that the total quantity of sessions is consistent with the MTUS/ODT guidelines mentioned above. Because the request for 16 sessions does not follow the outlined protocol and is excessive and represents nearly the entire course of psychological treatment recommended for most patients (13-20) it is determined to be excessive and therefore not medically necessary. Because the medical necessity the request is not been established the utilization review decision is upheld and the request is not medically necessary.