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| Case Number: | CM15-0056270 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 08/17/2010 |
| Decision Date: | 05/05/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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 55 year old female, who sustained an industrial injury on 8/17/2010, status post a fall. The injured worker was diagnosed as having lumbosacral neuritis, unspecified. Treatment to date has included diagnostics, physical therapy, chiropractic, medications, and psychology. She was not working. Currently, the injured worker complains of headaches, constant cervical pain with radiation to both shoulders and mid back, constant thoracic pain with radiation down her right side to low back and right hip, bilateral wrist pain, and bilateral knee pain. She reported experiencing depression and anxiety. Current medications included Metformin, Micardis, Crestor, Hydrocodone, Norco, Naproxen, Butalbital, Acetaminophen, and Caffeine Tablets, Orphenadrine citrate, Gabapentin, Cymbalta, Dexilant DR, Lorazepam, vitamins, topical creams, and Terocin patches. Weekly psychology sessions were documented as beginning on 2/09/2015. Progress notes were not submitted from psychology sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of individual psychotherapy: 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 (ODG) 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; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, 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. Decision: A request was made for 16 sessions of individual psycho-therapy, the request was noncertified by utilization review with the following rationale provided: "the requested number of sessions exceeds the guidelines recommendations. More importantly, there was no documentation submitted showing evidence of functional improvement from the patient's previous 4 psychotherapy visits." All of the provided medical records for reviewed and carefully considered. No treatment progress notes were found with regards to this request. There is no information provided whatsoever regarding the outcome of the initial treatment trial that she received a 4 sessions. According to the MTUS/official disability treatment guidelines patients may receive after an initial treatment trial 13 to 20 sessions based on evidence of medical necessity. Medical necessity is established with documentation of all of the following: continued patient psychological symptomology at a clinically significant level, total quantity of sessions being requested consistent with MTUS/official disability guidelines, and documentation of significant patient benefit from prior treatment sessions including objectively measured functional improvement indices. The request for 16 sessions is not substantiated by the medical records that were provided for review. No information regarding patient outcome was found based on prior treatment. This information is needed in order to establish that the patient is benefiting from treatment to the extent that would warrant continued therapy. No discussion of her progress in treatment was found submitted for this review. In addition, it's unclear whether or not she has already received prior courses of psychological treatment or not this information would also be needed. Because medical necessity of the request was not established the utilization review finding for non-certification is upheld. Therefore, the requested treatment is not medically necessary.