

Case Number:	CM15-0057574		
Date Assigned:	04/02/2015	Date of Injury:	01/18/1995
Decision Date:	05/05/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/26/2015

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 58-year-old female, who sustained an industrial injury on 1/18/1995. The medical records submitted for this review did not include the details regarding the initial injury of prior treatments to date. Diagnoses include thoracic/lumbar neuritis/radiculopathy, disorder of the bursae/tendons shoulder, rotator cuff syndromes. Treatments to date include medication therapy and epidural steroid injections. Currently, they complained chronic pain in bilateral shoulders and low back associated with radiation to bilateral lower extremities. She complained that "pain medication made her sleep all the time and short tempered. She reported "being grouchy, feeling heavy like the weight of the world is on my shoulders." On 2/23/15, the physical examination documented mood observed as anxious, depressed to euthymic and affect ranged from sad and irritable to smiling. The diagnosis was pain disorder associated with psychological and general medical conditions, mild depression, and mild to moderate anxiety. The plan of care included psychiatric testing and cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 1/week times twelve weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. 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 cognitive behavioral therapy one time a week for 12 weeks. The request was non-certified by utilization review which offered a modification to allow for 6 sessions of cognitive behavioral therapy. The provided rationale for the modification by utilization review stated that: "6 sessions of CBT are medically necessary to help the claimant cope with continued depression and anxiety and the limitations provided by her physical chronic pain. Functional progress has been documented from treatment she has already received. Therefore cognitive behavioral therapy one time a week for 12 weeks is not necessary however 6 sessions are medically necessary." Was not established by the provided documents. Although a comprehensive treatment progress note was found from February 23, 2015 that outlined a treatment plan and included stated goals (although no estimated dates of accomplishment were provided) and discussed current treatment topics and work being done in therapy that suggest patient benefit, the patient has been participating in psychological treatment for an unknown length of time. Continued psychological treatment is contingent upon all 3 of the following being documented clearly: continued patient psychological symptomology continuing at a clinically significant level that necessitates medical treatment, total quantity of sessions being requested and previously provided cumulatively being consistent with MTUS/official disability guidelines, and documentation of objectively measurable indices of functional improvement as well as patient benefit from prior treatment. The utilization review correctly modified the request from 12 sessions downward to 6 sessions. Because the total

number of sessions at the patient has already been provided has not been stated clearly it was not possible to determine whether or not additional sessions would exceed the recommended treatment guidelines. MTUS and ODG treatment guidelines suggest that for most patients a course of treatment consisting of 13 to 20 sessions is sufficient maximum, however in some cases of severe major depression up to 50 maximum may be offered if there is significant evidence of objectively measured functional improvement. Because the quantity of sessions provided to date is unknown it could not be determined whether or not this request conforms to the current treatment guidelines and for this reason the medical necessity could not be established. Because medical necessity could not be established the request for overturning the utilization review determination is not supported. This is not that the patient does or does not require continued psychological treatment only that the medical necessity of this request based on the documentation provided was not supportive to the extent of overturning the utilization review decision.

Psych Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 100-101.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. Decision: A request was made for psych testing, the request was determined to be not medically necessary and therefore noncertified by utilization review with the following stated provided rationale: "the claimant has had psychological testing in the form of self-report measures of depression and anxiety. The rationale for additional testing is not clear. Therefore, testing is not medically necessary." Medical necessity of this request for psych testing was not established by the documentation provided for consideration for this review. It is unclear and unknown when and how much previous psychological testing the patient has received. The ongoing use of assessment tools during the course of psychological treatment is needed and appropriate to determine whether or not the patient is responding however, this is typically done within the course of a psychological session and not necessarily requiring a separate intervention

to do the testing. In addition it appears that the patient has recently had psychological tests conducted and medical necessity of repeating them at this juncture is not clearly stated. Without knowing her previous history of psychological testing the medical necessity of this request could not be established. Therefore, the utilization review determination of non-certification is upheld.