

Case Number:	CM15-0058760		
Date Assigned:	04/03/2015	Date of Injury:	12/04/2011
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/27/2015

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 48-year-old female, who sustained an industrial injury on 12/4/11. The documentation on the PR2 dated 2/20/15 noted that the injured worker has had difficult time with medication withdrawal but is still showing less depression and anxiety with use of cognitive behavior therapy coping skills. The diagnoses have included post-traumatic stress disorder, chronic; pain disorder associated with both psychological factors and a general medical condition and insomnia due to post-traumatic stress disorder and pain disorder. Treatment to date has included cognitive behavior therapy psychotherapy. The request was for psychotherapy times 20; depression inventory once a week for 6 weeks and anxiety inventory once a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy x 20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 23, 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress, American psychologist 63 (3) page 148.

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 20 sessions of psychotherapy, the request was non-certified by utilization review without modification. Treatment progress notes from November 20, 2014 reflect that 'the patient is making good progress in managing pain and energy levels and that the therapy is helping to reduce anxiety and hypervigilance and allows more normal functioning. That the patient continues to have difficulty concentrating at work and frustrated due to limitations 'The medical necessity of the requested intervention was not supported by the documentation provided for consideration for this IMR. All of the provided documents were carefully reviewed and there was no clear indication of how much prior treatment the patient has received to date. Continued psychological treatment is contingent upon establishment of medical necessity, typically this can be evidenced by all 3 of the following factors being documented: continued patient psychological symptomology at a clinically significant level that warrants continued medical care, the total quantity of sessions being requested plus the total number of sessions already received falling within the MTUS/official disability guidelines for session quantity, and adequate documentation of patient benefited including objectively measured functional improvement indices (e.g. activities of daily living, reduction in future medical treatment need, reduction in work restrictions if applicable etc.). The provided medical records did not established the medical necessity of the requested treatment as the total number of sessions at the patient is already been provided is unknown and could not be reasonably estimated from the provided documents. Current MTUS/official disability guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions for most people. Additional sessions up to 50 may be warranted contingent upon

medical necessity in cases of severe major depression/PTSD. Given that the patient appears to have been receiving psychological treatment for a lengthy period of time it seems likely that this request would exceed guidelines but this could not be established definitively. In addition the medical records that were provided do not establish significant patient benefit.

Depression inventory once a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- mental illness and stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation Page(s): 100-101. Decision based on Non-MTUS Citation Part 2, mental illness and stress chapter, topic: Beck Depression Inventory, March 2015 update.

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. ODG BDI - II (Beck Depression Inventory-2nd edition) Recommended as a first-line option psychological test in the assessment of chronic pain patients. See Psychological evaluations. Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. Can identify patients needing referral for further assessment and treatment for depression. Strengths: Well-known, well researched, keyed to DSM-IV criteria, brief, appropriate for ages 13-80. Weaknesses: Limited to assessment of depression, easily faked. Scale is unable to identify a non-depressed state, and is thus very prone to false positive findings. Should not be used as a stand-alone measure, especially when secondary gain is present. (Bruns, 2001) A request was made for depression inventory one time a week for 6 weeks, the request was non-certified by utilization review without modification. The medical necessity the requested treatment was not substantiated by the provided documents. Because the request for psychological treatment was not approved the request for psychological testing is not found to be medically necessary either.

Anxiety inventory once a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 23, 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-mental illness and stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral interventions, Psychological Evaluation Page(s): 100-101.

Decision rationale: Behavioral Interventions, Psychological Evaluation, Pages 100-101.

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 Beck Anxiety inventory one time a week for 6 weeks, the request was non-certified by utilization review without modification. The medical necessity the requested treatment was not substantiated by the provided documents. Because the request for psychological treatment was not approved the request for psychological testing is not found to be medically necessary.