

Case Number:	CM15-0059332		
Date Assigned:	04/03/2015	Date of Injury:	08/10/1995
Decision Date:	05/08/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/30/2015

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 59 year old female who sustained an industrial injury on 8/10/95. The diagnoses have included lumbago, low back pain, sacroiliac joint dysfunction, trochanteric bursitis, facet syndrome, sciatica and chronic back pain. Treatment to date has included medications, injections, lumbar rhizotomy, and conservative care. Currently, as per the physician progress note dated 12/16/14, the injured worker complains of continued pain in the low back and left leg. She also complains of return of pain in the right sacroiliac joint 4-5 months after last triple blocks. The diagnoses were back pain and sciatica. The physical exam revealed that the lumbar spine had tenderness, decreased range of motion, and tenderness in the bilateral sacroiliac joints, positive Patrick's test on the right and left, and tenderness at the greater trochanter site bilaterally. Treatment plan was for medications and right side triple blocks. Work status was permanent disability. Also, the physician requested treatment included additional psychology visits for the lumbar spine and hip (number of visits unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional psychology visits for the lumbar spine and hip (number of visits unspecified):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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: The medical necessity and appropriateness of the requested treatment: "additional psychology visits for the lumbar spine and hip) could not be established by the documentation provided for consideration for this review. The request does not contain a specific number of sessions being requested on the application. Continued psychological treatment is contingent upon the establishment of medical necessity which typically involves all 3 of the following issues being clearly documented: continued patient psychological symptomology at a clinically significant level that warrants psychological treatment, that the total quantity of sessions requested combined with the number of prior treatment sessions is consistent with the above stated guidelines, and sufficient evidence of patient benefit from prior treatment including objectively measured functional improvement (e.g., increased ADLs, decreased dependency on future medical, reduction in work restrictions if applicable, increased exercise/social activity etc.). Because the total quantity of prior sessions is unknown and the total requested treatment sessions was not provided the medical necessity of this request could not be established due to insufficient information. This is not to say that the patient does, or does not need psychological treatment only that there was insufficient information to establish medical necessity in order to overturn the utilization review decision. Therefore, the utilization review decision is upheld.