

Case Number:	CM15-0061618		
Date Assigned:	04/07/2015	Date of Injury:	04/08/2012
Decision Date:	05/08/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/01/2015

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 43-year-old female with an industrial injury dated 04/08/2012. Her diagnosis includes lumbar radiculopathy, chronic pain syndrome and low back pain. Prior treatments include self-massage, hot packs, acupuncture (not helpful), Lidoderm patches (received relief with Lidoderm patches), physical therapy with TENS unit, home exercise program, chiropractor sessions and medications. In the progress note dated 11/12/2014, she presents with complaints of back pain and difficulty sleeping due to pain. She rates the pain as 6-7/10. Physical exam revealed a normal gait with sitting and standing posture normal. Straight leg raising test was negative. The injured worker had been attending pain management counseling and had one session left. The treating physician notes the injured worker had benefits in maximizing her function and controlling her pain with pain counseling. She still had difficulty sleeping, waking at night due to pain. The treatment plan was for an extension of her pain counseling to maximize therapeutic benefit and minimize medical interventions regarding her sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of pain management counseling: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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. A request was made for 6 sessions of pain management counseling, the request was non-certified by utilization review with the following rationale provided: "the requesting physician did not include an adequate psychological assessment, including quantifiable data in order to demonstrate improvement in the treatment's thus far." Continued psychological treatment is contingent upon the establishment of medical necessity. This is typically done by documentation of all 3 of the following factors: continued patient psychological symptomology at a clinically significant level that warrants medical care, the total quantity of prior treatment sessions combined with the requested quantity of treatment sessions conforming with MTUS/ODG guidelines, and evidence of significant patient benefit including objectively measured functional indices of improvement. Based on the provided medical records the patient appears to be continuing to experience mild psychological sequelae and has been benefiting from her prior treatment sessions. The total quantity of sessions at the patient has received to date is unknown and was not reported clearly in the medical records that were provided. It appears that the patient most likely has not received the maximum quantity of sessions allowed given that her psychological treatment started in October 2014 although this could not be definitively determined. In addition the treatment progress notes did provide good detail on her psychological treatment received so far but does not contain any objectively measured indices of functional improvement (e.g. increased activities of daily living, decrease in dependency on future medical care, and a reduction in work restrictions if applicable, increases

in exercise/socialization etc.). Taken as a whole, the provided medical notes and in particular the psychological treatment progress notes marginally but adequately do support continued psychological treatment as appropriate and reasonably medically necessary. No further treatment sessions after this authorization should be provided without a more clear discussion of how much treatment she has already received to date in terms of session quantity as well as objectively measured and quantifiable indices of change. Because the medical necessity the request was established the utilization review non-certification is overturned.