

Case Number:	CM15-0080949		
Date Assigned:	05/01/2015	Date of Injury:	05/14/2014
Decision Date:	06/02/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/28/2015

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 male who sustained an industrial injury on 05/14/2014. The injured worker was diagnosed with left rotator cuff tear, adhesive capsulitis, cervical sprain, reactive depression, anxiety and insomnia. Treatment to date includes diagnostic testing, surgery, physical therapy (cumulative total #40), physiatrist evaluation, psychological evaluation and medications. The injured worker is status post left shoulder SLAP repair, removal of loose body, subacromial decompression and debridement on October 7, 2014. According to the primary treating physician's progress report on April 1, 2015, the injured worker continues to experience left shoulder pain. The injured worker demonstrated difficulty with overhead activities, abduction, extension and internal rotation. Current medications are listed as Naproxen, Norco and Tizanidine. Treatment plan consists of pain control with medications and possible cortisone injection if symptomatology persists, stretching and strengthening home based exercise and the current request for 6 additional psychological visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) additional visits with a psychologist: 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 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. A request was made for 6 additional visits with a psychologist. The request was non-certified by utilization review with the following rationale: "the records submitted for review did not clearly indicate if the patient had previously undergone treatment with a psychologist, as well as objective functional improvement with a decrease in depression and anxiety. Furthermore, there is a lack of documentation of the total number of visits with the psychologist the patient has attended to date." This IMR will address a request to overturn that decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. The patient had a comprehensive psychological evaluation on December 19, 2014. He was diagnosed with the following psychiatric disorder: Adjustment Disorder with mixed anxiety and depressed mood. 12 individual therapy sessions to treat his depression and anxiety were recommended at that time. It is unclear whether or not the patient received any psychological treatment whatsoever. There were no treatment progress notes from the primary psychologist with regards to his mental health treatment. 12 sessions were initially requested in December 2014 but it could not be determined whether or not these ever occurred. This request is for "6 Additional sessions" which indicates that prior psychological treatment has occurred. However, without detailed information regarding the total quantity of sessions the patient has received to date as well as

detailed information regarding any objectively measured functional improvements as a direct result of prior psychological treatment the medical necessity of this request for additional sessions could not be substantiated. This is not to say that the patient does not need of additional sessions, only that the medical necessity of the request was not established due to insufficient documentation with regards to prior treatment. Because of insufficient documentation, medical necessity could not be established and therefore the utilization review determination for non-certification of 6 additional sessions is upheld based on that. The request is not medically necessary.