

Case Number:	CM15-0085472		
Date Assigned:	05/08/2015	Date of Injury:	07/11/2009
Decision Date:	06/18/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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 42-year-old female, who sustained an industrial injury on 07/11/2009. The initial complaints or symptoms included neck and right shoulder pain/injury. The injured worker was diagnosed as having scapular thoracic myofascial strain/sprain. Treatment to date has included conservative care, medications, psychological therapy, electrodiagnostic testing, bilateral shoulder surgeries, and conservative therapies. Currently, the injured worker complains of persistent neck and shoulder pain, cervicogenic headaches, and sleeplessness. The injured worker reported that cognitive behavioral therapy has helped her pain and ability to sleep by providing better coping strategies. It was reported that a psychological progress report indicated that the injured worker experienced an abrupt increase in cervicogenic pain and headaches due to the lack of desire for medication intervention and that she had stopped her medications. The injured worker denied stopping her medication (reporting this must have been a mistake) as she would not be able to function without medications. The injured worker's diagnoses include neck pain, long-term use of medication, lumbar disc displacement without myelopathy, psychogenic pain, pain in shoulder joint, generalized anxiety disorder, major depression recurrent, agoraphobia without panic attacks, and unspecified major depression - single episode. The request for authorization included 6 follow up visits with the psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 follow up visits with a psychologist: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: Citations: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. According to the MTUS treatment guidelines, 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 6 follow-up visits with the psychologist, the request was non-certified by utilization review of the following rationale provided: there is a vague statement indicating that the patient has been seeing psychology for cognitive behavioral therapy and wants to continue as this was very effective. However, there are no psychological progress reports provided for review documenting specific progress made or functional benefit as a result. There is no psychological treatment plan or specific recommendations provided other than from the treating physician recommending more sessions. Psychological progress reports would be required to support the current request." This IMR will address a request to overturn that decision. According to a primary treating physician progress note from April 23, 2015, under the category of psychiatric symptoms the note states "patient denies anxiety, depression, hallucinations, or suicidal thoughts." According to a January 27, 2015, progress note from her primary treating physician the patient states "the cognitive behavioral therapy certainly is helpful for her and she has better coping strategies and feels that she sleeps better if she gets cognitive behavioral therapy." The same progress note also denies any psychiatric symptoms as noted in the April 2015 note. Another treatment progress note from her primary physician from December 29, 2014 states "she also has significant depression and failed coping secondary to her chronic pain she is currently in cognitive behavioral therapy with

██████████ and we concur with his recommendation for continued cognitive behavioral therapy" that she has made some improvements and should continue. According to a progress note from her primary treating psychologist, dated January 13, 2015 it is noted that the patient "has been working rather assiduously with treating her with cognitive behavioral therapy and pharmacotherapy which has allowed the patient significantly from her depression and anxiety and allowed her to be more engaged with her activities of daily living and self-care however, more recently she has experienced an abrupt increase in cervicogenic pain." A similar previous progress note from November 11, 2014 was also found and notes that the patient has increased her activity and independence with activities of daily living and self-care and has engaged in a wellness plan as well as losing weight and with improved mood and mental status." 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 provided medical records do not meet the standard for establishing medical necessity of the requested procedure for the following reasons: the medical records do not reflect the total quantity of sessions at the patient has received to date. Because this information is missing is not possible to determine whether or not 6 additional sessions would exceed the recommended maximum guidelines per MTUS/official disability guidelines. In addition, there are no objective measured indices of functional improvement, although there are subjective reports of patient benefited from prior treatment. Because the total session quantity that the patient has received to date is unknown and it could not be determined whether or not the request for 6 additional sessions would exceed guidelines, the request is not medically necessary. Because the medical necessity the request could not be established the utilization review determination for non-certification is upheld.