

Case Number:	CM15-0085559		
Date Assigned:	05/08/2015	Date of Injury:	07/10/2010
Decision Date:	06/09/2015	UR Denial Date:	04/27/2015
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 54-year-old male, who sustained an industrial injury on 07/10/2010. He reported injuring his head, back, neck, and knee after a fall at work. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having post concussive syndrome, cervical disc bulge, and lumbar degenerative disc disease. Treatment and diagnostics to date has included home exercise program and medications. In a progress note dated 03/10/2015, the injured worker presented with complaints of neck, low back, and left knee pain. Objective findings include pain over the left medial joint line. The treating physician reported requesting authorization for individual psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 2 sessions per month total of 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines individual psychotherapy.

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: Citation Summary: 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 co-morbid 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 individual psychotherapy 2 sessions per month for a total of 8 sessions, the request was non-certified by utilization review with the following rationale provided: "The clinical documentation submitted for review indicated the patient has participated in 3 psychotherapy sessions; however, there is a lack of objective functional improvement from such sessions. Additionally, the request exceeds the guidelines recommended duration of treatment." This IMR will address a request to overturn the utilization review decision. Decision: the patient had a comprehensive psychological evaluation on October 16, 2014. He was diagnosed with the following: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, Industrial; Adjustment Disorder with Anxiety, Industrial; Rule out Cognitive Disorder Due To Mild Traumatic Brain Injury. 8 sessions of cognitive behavioral therapy recommended at that time for addressing his chronic pain and anxiety. 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 reflect a patient who has been properly identified as an appropriate candidate for psychological treatment; however, as best as could be determined, the patient has not received as of yet an adequate amount of psychological treatment in order to determine the whether or not it is effective for him. At most, the patient may received 3 sessions of treatment. The MTUS clearly states the need for an initial treatment trial to document objectively measured functional improvements, And as was mentioned by the utilization review the providing documentation is limited in so doing, it appears that additional treatment is needed in this case and a rare exception to the MTUS can be allowed given that the patient is suffering from mild to moderate psychological symptoms, delayed physical recovery, possible mild head injury and that this might be attenuated with a brief course of psychological treatment. The official disability guidelines allow 13 to 20 sessions maximum based on continued medical necessity, which can be established with objectively measured functional improvement indices. Any additional requests for psychological treatment must contain the total

quantity of sessions the patient has received to date as well as documentation of functional improvement (e.g. increased activities of daily living, reductions in dependency on future medical care, improved socialization and exercise tolerance etc.) because the medical necessity the requested intervention appears to be appropriate and reasonable the utilization review determination for non-certification is overturned.