

Case Number:	CM15-0087029		
Date Assigned:	06/12/2015	Date of Injury:	04/20/2012
Decision Date:	07/15/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/06/2015

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 male, who sustained an industrial injury on 04/20/2012. He has reported injury to the right upper extremity and low back. The diagnoses have included lumbar disc degeneration; lumbar sacral radiculitis; right shoulder impingement syndrome; status post right shoulder arthroscopy, debridement, subacromial decompression, SLAP (superior labral anterior and posterior) repair and Mumford, on 02/19/2013; status post right L3-L4 decompression/discectomy, on 06/25/2013; and pain associated with both psychological factors and a general medical condition. Treatment to date has included medications, diagnostics, epidural steroid injections, physical therapy, psychotherapy, surgical intervention, and home exercise program. Medications have included Norco, Duexis, Cymbalta, and Senokot-S. A progress report from the treating provider, dated 11/03/2014, documented an evaluation with the injured worker. Currently, the injured worker complains of depression and anxiety; stress, secondary to the industrial accident and chronic pain syndrome; sleep difficulties; severe low back pain; localized left leg pain; neuromuscular tension; difficulty coping with functional deficits; and difficulty coping with activities of daily living, anxiety and depression. Objective findings included tremendous progress clinically during the past five visits; progress in his overall mood, attitude towards recovery and functional restoration; and progress in behavioral and psycho physiological techniques for pain and pain sensitivity management. The treatment plan has included the request for individual psychological sessions, 60 minutes, times 8; and psychological testing x 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychological Sessions, 60 minutes, times 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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. Pages 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 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for individual psychotherapy sessions, 60 Minutes, times 8; the request wasn't non-certified by utilization review with the following rationale provided: "the patient's documentation does not show any objective progress such as a decrease in opiate usage; the documentation is subjective with regards to improvement. The patient has been made permanent and stationary and it is unclear what goals can be reasonably met." This IMR will address a request to overturn the utilization review 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 including objectively measured functional improvements. The medical necessity of the requested treatment is not established by the

provided documentation. The total quantity of sessions was not clearly stated, nor could it be reasonably estimated, utilizing the provided documentation. Although a periodic progress report from November 3, 2014 was provided and states that the patient has "been authorized for 6 visits and this is the 5th of 6 visits" this number appears to be relative to the authorization and not a cumulative total. In order to determine whether additional sessions are medically necessary cumulative total of sessions that the patient has received to date in addition to the requested total number of sessions (in this case 8 sessions) must be consistent with the MTUS/official disability guidelines. Because the total quantity of sessions that the patient has received to date is unclear the request for additional sessions cannot be determined whether it exceeds treatment guidelines are not. In addition no treatment progress notes were provided with regards to this patient's prior psychological treatment. There was no evidence submitted of objectively measured functional improvement as a direct consequence of his prior psychological treatment. There was one brief mention of subjective improvement in the above discussed periodic progress report that the patient has been making "tremendous progress in his overall mood, attitude towards recovery and functional restoration and behavioral and psycho physiological techniques for pain and pain sensitivity management. Although the patient still has significant problems with pain, headaches, and insomnia." This single statement does not adequate to meet the criteria of objectively measured functional improvement. There is no active discussion of what treatment goals are being worked on with estimated dates of accomplishment. In general, the total psychological treatment progress notes are inadequate to establish the medical necessity the requested treatment and therefore the utilization review determination for non-certification is upheld.

Psychological Testing x 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101.

Decision rationale: Citation Summary: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. Decision: The medical necessity of the requested procedure is not established by the provided documentation. There is no discussion of whether or not the patient has received

prior psychological testing and it would not be appropriate to repeat the listed comprehensive psychological testing if he is already had this form of assessment. Given that most patients in the work comp system who are engaged in psychological treatment do have an initial psychological evaluation conducted it seems likely that he has already received the requested assessment battery. In addition the request is excessive and there's no valid reason for 10 hours worth of psychological assessment at this juncture that is clearly stated and supported by the provided documentation. The patient appears to be already engaged in psychological treatment and has been psychologically diagnosed. The process of monitoring and documenting ongoing treatment progress that is made by a patient in treatment is a critical component of all psychological treatment, however it is not necessarily a separate and independent intervention but rather is conducted as a normal course of the psychological treatment itself. There is no clear discussion of whether or not the patient's current diagnostic impression is faulty or in some way needs to be repeated. Because the medical necessity the request appears to be excessive and is unsupported by both the MTUS guidelines for psychological assessment as well as the medical records, usual, and customary clinical practices the utilization review determination for non-certification is upheld.