

Case Number:	CM14-0122920		
Date Assigned:	09/16/2014	Date of Injury:	10/22/2009
Decision Date:	11/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Clinical Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records provided for this independent medical review, this patient is a 67 year old female who reported a work-related injury that occurred on October 22, 2009. The injury reportedly was sustained to multiple body parts as a result of an incident to her low back that occurred while she was working as a yard duty monitor for the [REDACTED]. Several additional injuries were noted that occurred in 2008 as well as 2010 and 2011. There was also a prior back injury approximately 20 years ago that resulted in a surgery and work comp claim/settlement. She presents with low back pain secondary to post laminectomy syndrome as well as bilateral leg pain. She reports right shoulder, neck, and low back pain progressively worsening. A partial list of her medical and psychological diagnoses include: psychalgia; depressive disorder; displacement of lumbar intervertebral disc without myelopathy; degeneration of cervical intervertebral disc; lumbar post laminectomy syndrome; chronic pain syndrome with sleep and mood disorder, regional myofascial pain. A primary treating physician progress note from July 2014 noted with respect to the patient's psychological status: "very distressed, tearful and depressed because of her progressively worsening pain. Injured worker was encouraged the use of relaxation techniques that she learned from functional restoration program. Based on patient's persistent psychological state and recommendations of myself, and AME, another course of pain psychology (is recommended). She has benefited from pain psychology in the past and persists in being very tearful, frustrated and hopeless. It is critical that she continue to get psychology support as it has affected her chronic pain significantly." A request was made for "Initial pain psychology, once weekly for six weeks, Qty: 6; the request was non-certified with UR offering a modification of Qty: 4. According to the UR non-certification determination: "the patient has a history of pain psychology in the context of a functional rehabilitation program with overall gains reported at that time. At that time, it was

recommended that the patient continue work with a psychologist, but that did not occur except for a single session in 2013. The patient currently is depression and anxious in the context of continuing chronic pain. The guideline supports a trial of four sessions of pain psychology with further sessions depending on objective functional improvement after that trial." This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial pain psychology, once weekly for 6 weeks, per 07/17/14 report: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 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 measureable/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. With respect to this patient, she reports an injury that occurred in 2009. Her psychological treatment history was inadequately reported. There is an indication that in 2013 she attended 1 of 4 authorized sessions but was unable to complete the remainder. It was also noted she completed a functional restoration program but there were no documents provided from this treatment. There is no information with regards to her psychological treatment history from 2009 through 2012. It would be important to know if she received psychological treatment during that time. It appears recently that she has not been participating in psychological treatment. The above stated guidelines specify that an initial course of treatment should begin with a brief treatment trial that would allow the provider to monitor and evaluate symptom

improvement during the process so that treatment failures can be identified early. Both the MTUS and ODG recommend an initial treatment trial, the MTUS guidelines state that the trial should be 3 to 4 sessions. Although the ODG guidelines do allow for 4-6 sessions, this patient has had prior versus of treatment in her functional restoration program and perhaps prior to that. The MTUS guidelines recommend that an initial treatment trial of 3 to 4 sessions should be embarked upon with additional treatment sessions up to a maximum of 6-10 offered if progress is being made as demonstrated by objective (e.g. quantified) functional improvements. Without further information regarding the patient's psychological treatment history including outcome data from the functional restoration program the medical necessity of this request was not established; and the UR decision was correct and is upheld.