

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0122943 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 09/26/2006 |
| Decision Date: | 11/12/2014 | UR Denial Date: | 07/11/2014 |
| 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 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 that were provided for this IMR, this patient is a 43 year old male who reported an industrial accident that occurred on September 26, 2006 during his work duties as a carpenter for [REDACTED]. The injury occurred while lifting 400 pound wood beams with the assistance of a coworker and he experienced significant back pain. He reported the injury, but continued to work a few additional days until he went for medical care. He was laid off work as modified work duties could not be accommodated. He has received conventional medical treatment including: injections, physical therapy and pain medications, with minimal benefit. He also has had back surgeries in 2011, 2012 and again recently in 2014. Medically, a partial list of his his medical diagnoses include: Cervical Disc Disease with radiculopathy, Status Post Lumbar Fusion, Lumbar Radiculopathy. His current symptoms include low back pain that radiates to both legs with numbness and weakness. Neck pain that radiates into both shoulders worse on the left side and weakness in bilateral arms and hands with constant headache throughout the day. He is status post lumbar spine decompression and fusion and reports continued pain rated 5/10 but improvement in the low back and bilateral lower extremities with weakness bilaterally. There is consideration for an additional surgery of anterior cervical discectomy and fusion. He uses a walker to ambulate and requires home healthcare and transportation to and from treatments and has limitations of activities of daily living. This IMR will focus primarily on psychological and mental health issues as they pertain to the current treatment request for 8-10 psychological treatment sessions. An "Interventional Pain Management Follow-Up Evaluation" Report from January 2014 states under the category of psychological: "the patient denies having depression, anxiety, suicidal attempts or difficulty sleeping." However, the remained of his medical records are not consistent with this statement. The patient had a psychological evaluation in June 2014, and he was described as having emotional and cognitive symptoms including: stress, worry,

sadness, crying, heightened emotional sensitivity, frustration, irritability, agitation, and decreased resiliency and coping with daily life stressors. He mentions that the pain has resulted in headaches, appetite changes, sexual problems and sleep disturbances. He was diagnosed with: Adjustment Disorder with Mixed Anxiety and Depressed Mood. Treatment recommendation include psychological therapy pre-and post-surgery with 6-8 sessions prior and 8-10 following surgery. Treatment goals were described adequately. Progress note from his primary treating psychologist dated July 24, 2014 reflected that the patient attended his first individual psychological treatment session completed psychological testing he reported continued physical pain, anxiety, depression, worry, and sleep problems he also asked to learn how to reduce his negative mood and help himself fall asleep better.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 8-10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOTHERAPY Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment, Cognitive Behavioral Therapy Page(s). 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 (up to 6 -ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. MTUS 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 allow somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; and in some extremely complex cases of severe Major Depression and/or PTSD up to 50 sessions if progress is being made. With respect to this patient's treatment, the psychological and psychiatric progress notes that were submitted were few in number but that appears to be because this is a request for a new course of treatment. What is not clear is whether or not the patient has had prior courses of psychological treatment and if so what transpired from them. The patient was injured in 2006. There is no history of his psychological treatment provided. As best as could be determined, this does appear to be a first treatment episode given that there was no mention of prior psychological treatments and it does not appear that the patient has tried on psychiatric

medications. There also was no mention of prior psychological treatment in the psychological evaluation that was conducted. There is also an indication that the first session was in June and it was consisting of psychological testing. The request for 8-10 psychological sessions does not conform with the guidelines for an initial course of psychotherapy per MTUS/ODG which state that an initial treatment trial of 3-4 sessions recommended (up to 6 per ODG) at the outset of a new course of treatment. This is done to verify patient response to treatment with subsequent sessions contingent on objective functional improvements. The request for 8-10 sessions exceeds the guidelines and above described protocol. If this is not a request to start a new course of treatment, but to extended/continue an ongoing one, then documentation from prior sessions would be needed to substantiate additional visits; none were included in the documentation for this IMR. The patient does appear to be exhibiting significant psychological symptomology as determined by a psychological evaluation, psychological treatment might, or might not be medically necessary based on the above factors AND the need for information regarding prior/past psychological treatment history. Without further clarification the medical necessity of this request for Individual Psychotherapy has not be adequately established.