

Case Number:	CM13-0034528		
Date Assigned:	12/11/2013	Date of Injury:	09/08/2011
Decision Date:	04/07/2015	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/15/2013

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 37-year-old female, with a reported date of injury of 09/08/2011. The diagnoses include right L5-S1 radiculopathy with numbness and weakness of right lower extremity, right paracentral disc protrusion at L5-S1, central disc protrusion at L4-5 with bilateral moderate to severe L4 neural foraminal stenosis, bilateral moderate to severe L5 neural foraminal stenosis, lumbar sprain/strain, right knee medial meniscus evulsion, right knee internal derangement, right knee patellofemoral misalignment, cervical facet joint pain, cervical facet joint arthropathy, right paracentral disc protrusion at C5-6 with severe right C6 neural foraminal stenosis and moderate to severe left C6 neural foraminal stenosis, central disc protrusion at C6-7 with moderate central stenosis, and cervical sprain/strain. Treatments included oral medications and an MRI of the right knee. The progress report dated 08/12/2013 indicates that the injured worker had right low back pain, with radiation to the right buttock and right posterior thigh with numbness. She also complained of right lower neck pain, with radiation to the right shoulder and right knee pain. The physical examination showed tenderness upon palpation of the cervical paraspinal muscles, lumbar paraspinal muscles, and the right knee; tenderness of the right knee medial joint; restricted right knee, cervical, and lumbar range of motion due to pain in all directions; positive clicking and crepitus of the right knee; swelling in the right lateral knee; and reduced sensation in the right L5 and right S1 dermatome. The treating physician requested six individual psychological therapy sessions with a pain psychologist. The rationale for the request was not indicated. On 09/25/2013, the UR physician noted that there was no objective interpretation of the x-ray result; the injured worker had physical therapy but still had symptoms;

and there was no documentation of the prior number of visits provided. The MTUS Chronic Pain Guidelines and the non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psych therapy with pain psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, Psychological Treatment. See also: Cognitive Behavioral Therapy for chronic pain Page(s): 101-102; See also 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines, March 2015 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 recommend 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: According to the utilization review rationale for its decision; See: First review contact 9/25/2013, the issue to be analyzed was listed as: "Is individual psych therapy with pain psychologist medical necessary" the request was not specific with regards to quantity. It is further noted that the medical record did not document the prior number of visits provided to the patient. This request contains a degree of confusion with regards to what transpired. As best as could be determined the request was modified by utilization review and 6 sessions of individual psychological treatment were authorized. It appears that the request was modified by utilization review to specify the quantity that the patient should be authorized to receive and that the original request was non-specific for quantity. The medical records indicate that the patient has not been actively participating in psychological treatment. Her past psychological treatment included seeing a psychologist in 2008 at the time of

her brother's death from cancer (presumably non-industrial related). There is also a notation that she attended one session of psychological treatment at [REDACTED] 6 months prior to the request for treatment in 2013 (presumably industrial-related but not verifiable) and that she did not have a good therapeutic rapport with the therapist and did not return. According to a psychological evaluation the patient is exhibiting significant levels of depression including tearfulness 3 to 4 times a day as well as insomnia related to pain and psychological distress. Psychological treatment appears to be medically appropriate and warranted at the time that this request was made. The issue is the quantity of treatment sessions that would be reasonable and medically necessary. According to the MTUS guidelines for psychological treatment and initial brief treatment trial consisting of 3 to 4 sessions is recommended in order to determine patient response to treatment. The official disability guidelines allow for a course of treatment consisting of 4 to 6 sessions for an initial course of treatment. The reason for an initial brief course of treatment is to ensure that the patient is benefiting and responding with objective functional improvements. Additional sessions can be authorized if there is documentation of patient benefit/treatment progress and medical necessity is established. The utilization review appears to have modified the request to authorize 6 sessions. The treatment request appears to be unspecified for quantity which is the equivalent of unlimited sessions. The medical necessity of unspecified and open-ended and unlimited sessions is not established. All requests for psychological treatment should clearly specify the number of sessions being requested at the IMR level where no modifications can be authorized. Because the utilization review authorized 6 sessions and this is consistent with the official disability guidelines protocol for a brief treatment trial, the request to overturn the utilization review decision is not substantiated as being medically necessary. Because the request is not found to be medically necessary the utilization review determination is upheld.

