

Case Number:	CM14-0209985		
Date Assigned:	12/23/2014	Date of Injury:	09/08/2011
Decision Date:	03/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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:

According to the provided medical records, this 51 year old patient reported a work-related injury that occurred on September 8, 2011 during the course of his employment for the [REDACTED] as a Senior weed abatement worker. The injury occurred when he was lifting a trash can and felt a sharp pain in his right shoulder resulting in a rotator cuff tear (possibly from prior injury), right shoulder internal impingement and left rotator cuff syndrome. His medical diagnoses includes: history of rotator cuff tear repair; right shoulder internal impingement; right rotator cuff tear; and left rotator cuff syndrome. Past medical treatments of included surgery (2008 for a prior injury), conventional physical pain medicine, and physical therapy. This IMR will address the patient's psychological symptoms as it relates to the current requested treatment. No psychological diagnosis was provided. No psychological symptomology was reported. No rationale for the requested psychological treatment was provided. No psychological evaluation was provided for consideration. A request was made for psychological treatment cognitive behavioral therapy -unspecified quantity of sessions, the request was non-certified by utilization review. According to the utilization review determination for non-certification of the requested treatment, the patient received prior group psychotherapy and biofeedback, and stress reduction treatment as well as psychotherapy based on a non-certification of treatment request from October 26, 2012 that was not included for consideration for this review. There was a notation on that request according to the utilization review that only generalized and vague subjective symptoms were noted. No additional information regarding his psychological status was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management for cognitive therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations; Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions cognitive behavioral therapy, psychotherapy guidelines Page(s):. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 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 regards to the requested treatment, the medical necessity of the request could not be established by the documentation provided. No session quantity was mentioned, all requests for psychological treatment need to have a quantity specified in order to determine whether or not the request conforms to MTUS guidelines. It appears based on the medical records of the patient has received some psychological treatment in the past, however there was no information provided from this treatment whatsoever. In addition with regards to the current requested treatment there was no information provided with regards to the rationale for the request, current patient symptomology, or any other aspect of the patient psychological condition. Without documentation regarding the patient's prior psychological treatment history and without a specific reason for the current requested treatment the medical necessity was not established. Because medical necessity was not established the request to overturn the utilization review determination of non-certification cannot be approved. This is not to say that the patient

is or is not eligible for psychological care, only that the medical necessity of the request was not established by the documentation provided for this review.