

Case Number:	CM14-0214287		
Date Assigned:	01/07/2015	Date of Injury:	03/31/2006
Decision Date:	03/03/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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 records, the claimant reported a work-related injury that occurred on March 31, 2006 during the course of her employment for [REDACTED]. It was noted that the injury occurred while she was climbing up the ladder to set up her booth for an exhibit of travel when she slipped and fell backwards off the ladder and fell on her back straight onto the ground. Past treatments included epidural injections, acupuncture, and physical therapy as well as conventional physical medicine. Spinal surgery was provided in 2006 with some improvement that was short lasting. The claimant reports stress, sleep disorder, anxiety, and depression due to her physical pain. She reports frustration tolerance lowered and anxiety increased with irritability and depression also increased. There are reports of feeling sad and hopeless and useless. The claimant states that she is overwhelmed by pain at night and unable to sleep and misses being able to work. Other than a 1-2 month period of psychological therapy that occurred after her surgery in 2006 she is not had any additional psychological treatment. She had an initial psychological consultation in December 2014. The psychological evaluation included standard assessment tools including the Beck depression and anxiety inventories, SCL 90-R and others. She has been diagnosed with the following psychological symptoms: Major Depressive Disorder, Severe; Anxiety Disorder Not Otherwise Specified; Primary Insomnia. A request was made for a psychiatric evaluation and treatment for medication management, this request was modified to allow for the psychiatric evaluation only with the treatment to be provided, if found to be necessary, pending the results of the evaluation by utilization review. A second request was made for 8 weekly sessions of individual cognitive behavioral therapy, this was modified to

allow for 6 weekly sessions. The UR rationale for the decreased quantity of sessions from 8 sessions to 6 was stated that: "the patient has not been assessed with the fear-avoidance beliefs questionnaire. Therefore she does not meet the criteria specified in the guidelines for chronic pain treatment. However, in the clinical experience of this review, cognitive behavioral therapy is also likely to be beneficial for major depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation & treatment for medication management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: According to the MTUS/ACOEM Guidelines, Chapter 15, Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. With regards to this requested treatment, the necessity of a psychiatric evaluation has been established by the documentation provided. With regards to the request for psychiatric treatment (unspecified quantity/duration) the request was non-certified by utilization review pending the completion of the psychiatric evaluation. The purpose of the psychiatric evaluation is to determine the course of the patient's psychiatric treatment. The psychiatric evaluation will conclude whether or not the patient requires ongoing psychiatric care and if so the frequency of it. The medical necessity of this request for an unspecified quantity/duration of psychiatric treatment will be established by the evaluation conclusions. This is not to say that the patient does not require psychiatric treatment, only that the nature of it should be determined pending the evaluation conclusions. In addition because the quantity was not specified it is considered to be an open-ended and unlimited amount of psychiatric treatment. The medical necessity of unlimited open amount of psychiatric treatment was not established and therefore the request is not medically necessary.

Individual cognitive behavioral psychotherapy x 8 weekly sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy Page(s): 23-24.

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 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) allows for 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 this request, utilization review offered a modification of the sessions to allow for 6 sessions. There is a specific treatment protocol that is required according to the MTUS guidelines patients should have an initial 3 to 4 sessions as a treatment trial, the Official Disability Guidelines recommend up to a maximum of six for treatment trial. Additional sessions are contingent on the outcome of this initial treatment trial is or must be documented benefit to the patient in terms of objective functional improvement and other positive impacts. Because of this reason, the request was properly modified by utilization review. Therefore, the request for individual cognitive behavioral psychotherapy, eight weekly sessions is not medically necessary and appropriate.