

Case Number:	CM14-0219239		
Date Assigned:	01/09/2015	Date of Injury:	12/01/2009
Decision Date:	03/09/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/31/2014

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:

The injured worker is a 49 year old male who sustained an industrial injury on December 1, 2009. He has reported right neck and right shoulder pain and was diagnosed with chronic right shouder pain, cervical spondylosis, and depression. Treatment to date has included pain medication and a right suprascapular nerve block with flouroscopy. Currently the injured worker complains of tenderness in the suprascapular notch as well as the biceps insertion. The physicians treatment plan included medications, surgical consultation, and further psychological visits if need be. On December 15, 2014 Utilization review modified Intensive psychotherapy sessions 1 x week x 20 weeks noting the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intensive Psychotherapy Sessions 1xWk x 20Wks: 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), Cognitive behavioral Therapy (CBT) Guidelines for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines; See al.

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 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. According to the medical records that were provided for consideration for this review, the patient made a serious suicidal gesture and attempt on October 19, 2013 when he intentionally caused an accident and broke his foot in 3 places that could've potentially been life-threatening. At the time he reported that he had given up due to depression relating to his inability to be a provider financially and to work. With regards to this current request for psychological treatment 20 sessions, no psychological treatment notes were found in the patient's medical records that were provided for this IMR. There was no comprehensive psychological evaluation, no discussion of his prior psychological treatment history (if any), and no treatment plan or goals for the requested treatment nor was there any indication specifically of what symptoms of depression he is having other than the suicidal ideation and how they would be treated. The MTUS and official disability guidelines both indicate that for psychological treatment an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or up to 6 sessions (official disability guidelines) should be undertaken. Following this course additional sessions can be offered up to a maximum of 13-20 for most patients, and in some cases of rare severe major depression up to a maximum of 50 as long as progress is being made. In this case an extended treatment session may be appropriate but it was not possible to determine this based on the medical records provided. Psychological treatment is contingent upon 3 factors: significant patient symptomology, total quantity of sessions provided falling within the recommended guidelines, and documented evidence of objective functional improvement based on prior treatment. The patient was injured first in 2009 and is not clear whether or not he is already received psychological treatment and if so how much and what the outcome is. Due to insufficient information the medical necessity of the requested 20 sessions was not supported. Utilization review offered a modification to allow the patient have 10 sessions, additional sessions would need to be supported by medical records. Because the medical necessity was not

established due to insufficient medical records and not patient symptomology, the original utilization review determination is upheld.