

Case Number:	CM14-0086648		
Date Assigned:	07/23/2014	Date of Injury:	04/21/2012
Decision Date:	06/09/2015	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/09/2014

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 41 year old female, who sustained an industrial injury on 4/21/2012. Diagnoses include other cervical spinal disorders, cervicgia and spasm of muscle. Treatment to date has included diagnostics, medications, TENS unit, cold application, massage, physical therapy, chiropractic, home exercise and psychotherapy. Per the Primary Treating Physician's Progress Report dated 5/22/2014, the injured worker reported pain rated as 6/10. Physical examination of the left shoulder revealed painful movements with flexion beyond 90 degrees, extension beyond 45 degrees, abduction beyond 50 degrees and adduction beyond 90 degrees. There was tenderness noted in the acromioclavicular joint, coracoid process, glenohumeral joint and sub deltoid bursa. The plan of care included medications and consultation. Authorization was requested for psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 1x per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive therapy for depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: 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 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. Decision: A request was made for individual psychotherapy to be held one time per week, the request was non-certified by utilization review which provided the following rationale for their decision: "the patient has been attending weekly psychotherapy since September 2012 this would be considered excessive and well exceeds the number of psychotherapy sessions recommended for condition per evidence-based guidelines. Furthermore, despite ongoing treatment for almost 2 years the patient still has not been able to returned to work. It would not appear that further individual psychotherapy at this point would aid the patient in returning to work. At this juncture, the patient should be able to utilize the treatment techniques she has learned in therapy on an independent basis." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. This request is nonspecific in terms of the session quantity being requested. All requests for psychological treatment sessions being considered at the IMR level need to specify the session quantity being requested in order to determine whether or not the number of sessions being requested conforms with the above stated MTUS/official disability guidelines. Because the session quantity is not specified the request to overturn the utilization review cannot be approved as it would be the equivalent of approving unlimited sessions. In addition, based on the information provided in the utilization review determination it appears that the patient has received already 2 years worth of psychological treatment. And although the exact quantity of sessions that she has received to date is not clearly stated, and is required in order to determine whether or not additional sessions are appropriate, it does appear likely that she has received much more than the standard 13 to 20 sessions recommended for most patients. Because this request is unspecified

in terms of requested quantity, and because it appears to exceed recommended treatment guidelines, the medical necessity the request is not established and therefore the utilization review determination for non-certification is upheld. The request is not medically necessary.