

Case Number:	CM15-0006724		
Date Assigned:	01/26/2015	Date of Injury:	01/16/2007
Decision Date:	03/12/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/12/2015

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 62 year old male, who sustained an industrial injury on January 16, 2006. The diagnoses have included chronic left L4-S1 radiculopathy, status post L4-S1 fusion, resultant industrial related erectile dysfunction, depression, diabetic peripheral neuropathy and myocardial infarction and with stents in February 2000. Treatment to date has included physical therapy 12 sessions, posterior L4-S1 fusion December 2009, medial branch block at L1, L2 and L3 left and right on September 9, 2014 and oral pain medication and medication for sleep, computed tomography scan of the lumbar spine. Currently, the injured worker complains of continues to have low back and bilateral leg pain. On December 15, 2014 Utilization Review non-certified a pain psychologist times eight sessions noting, the Medical Treatment Utilization Schedule Guidelines was cited. On December 8, 2014, the injured worker submitted an application for IMR for review of pain psychologist times eight sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychologist, 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological treatment; see also cognitive behavioral therapy. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines.

Decision rationale: MTUS/ODG Guidelines: 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. The utilization review rationale for non-certification stated that: "AME recommended psychological counseling. However, documentation does not contain a recent psychological evaluation from the provider who would be performing these treatments and thus the current request cannot be supported at this time. The patient would need to complete a psychological evaluation and submit with the treating psychologist recommendations and treatment plan for the consideration of treatment." According to a treatment progress note from the patient's primary treating physician from May 12, 2014 the patient is "diagnosed with depression and is currently seeing [REDACTED] and this needs to be continued for him." According to an agreed medical exam in psychiatry from July 2, 2014 "he was made permanent and stationary from a psychiatric standpoint. Eight sessions of psychotherapy was recommended. He was previously seen by [REDACTED] for an evaluation, but further treatment never occurred. He would like him to see [REDACTED] for those 8 sessions that was recommended by the AME." A request for authorization for the 8 sessions with pain psychologist is noted on November 24, 2014. The patient has had an unknown quantity of cognitive behavioral therapy provided to him already at this juncture. According to a psychological evaluation from August 7, 2013 there is a final cognitive behavioral therapy report was dated September 29, 2011 with [REDACTED] (copy not provided) indicating cognitive behavioral therapy evaluation/consultation and treatment progress notes dating from March 28, 2011 through September 16, 2011. Psychologically, he was diagnosed with: Major depressive disorder, single episode, severe; Pain disorder associated with psychological factors and a general medical condition. With regards to this request for 8 cognitive behavioral psychotherapy sessions, the medical necessity of the request was not established by the documentation provided

for this review. The utilization review statement that the patient requires a psychological evaluation is inaccurate to the extent that a full psychological assessment and testing battery is not needed and would not be medically appropriate. However it is correct that additional information is needed in order to substantiate the necessity of this request. The patient has already participated in psychological treatment and he has been diagnosed from a psychological perspective. The issue with authorizing additional psychological treatment is that it is unknown how much psychological treatment the patient received in 2012-14, in addition the total quantity of sessions that the patient received during his prior treatment course is not clear. There is also not a clearly stated reason/explanation why the patient is returning for psychological treatment at this time and a specific a treatment plan with clearly stated measureable goals. Because medical necessity for continued psychological treatment is contingent upon documentation of significant patient psychological symptomology that the total quantity of treatment and duration conforms to the MTUS and official disability guidelines, and documentation of evidence of patient benefit from prior psychological treatments including objectively measured functional improvement. The official disability guidelines state that for most patients a course of treatment consisting of 13 to 20 sessions maximum is recommended but in some cases of severe major depression additional sessions up to a maximum of 50 might be indicated. In this case it could not be determined how much treatment the patient has received and there is insufficient documentation of patient benefit (objective functional improvement) although there is a notation of patient statement of benefit. Because medical necessity of the request cannot be established, due to insufficient information regarding quantity and duration of prior treatment, the request to overturn the utilization review determination is not approved.