

Case Number:	CM15-0115307		
Date Assigned:	06/23/2015	Date of Injury:	10/15/1990
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/15/2015

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 58 year old female who sustained an industrial injury on 10/15/90. Diagnoses are failed back syndrome, and lumbalgia. In a progress report dated 3/6/15, the treating physician notes the injured worker complains that pain is getting worse. The lumbar, lumbosacral, sacral, and iliac pain is described as sharp, numb, shooting and increases with movement. Intensity is rated at 9/10 with medications. Objective exam notes lumbar, lumbosacral, and sacral pain and tenderness. Muscle spasms are noted of the right and left sacroiliac, left and right lumbar, posterior pelvis/hip, thoracic, buttocks and thighs. The treatment plan is noted as refill Nexium 40mg 1 every morning and Oxycodone 30mg four times a day, and computerized tomography scan of the lumbar spine. In a progress report dated 1/13/15, a treating physician notes a diagnosis of major depressive disorder,-psychotic. Medications are noted as Provigil, Valium, Cymbalta, Fluoxetine, and Oxycodone. Work status is to remain off work. The requested treatment is psych based pain management, 10 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych based pain management times 10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: Citation Summary: 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: a request was made for psych-based pain management times 10 visits; the request was not on certified by utilization review provided the following rationale for its decision: "The claimant was injured 19 1/2 years ago and has been treated with surgery, physical therapy, medications and psychiatric visits. Is unclear whether the claimant has also participated in individual psychotherapy...The patient reports increased pain, anxiety, depression, and mental problems. A psychological evaluation indicating the need for additional psychological treatment, history of past psychological treatment and treatment effectiveness is not provided... The request for 10 sessions of IPT without a psychological evaluation is screening is not reasonably necessary and does not meet current California MTUS for approval at this time." This IMR will address a request to overturn the utilization review decision. According to the treatment progress note July 13, 2015 on the patient's primary treating physician it is noted that the "patient has a history of chronic pain, headaches and anxiety and that she has is or has been under the care of a psychiatrist or psychologist."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 including objectively measured functional improvements. The provided medical records do not establish the medical necessity the requested treatment. The

provided medical records, approximately 65 pages in total, were inadequate in documenting the patient's prior psychological treatment history (if any) in terms of quantity, duration, and outcome (i.e. objectively measured functional improvement as a direct result of prior treatment). It is also insufficient information with regards to the nature of this request and what symptoms it is designed to address as well as an active treatment plan. No psychological evaluation was provided in the medical records for consideration for this review. The provided medical records indicate that the patient has received some unspecified "psychological or psychiatric treatment" but is no further information provided regarding the nature of this. Psychological treatment may be medically appropriate and necessary in this case however due to insufficient documentation as mentioned above this could not be established definitively. In the absence of sufficient medical records or information, the medical necessity of this request could not be established and therefore the utilization review determination is upheld; the request is not medically necessary.