

Case Number:	CM15-0117168		
Date Assigned:	06/25/2015	Date of Injury:	10/18/2011
Decision Date:	07/27/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/17/2015

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 54 year old male, who sustained an industrial injury on 10/18/11. He reported pain in his groin area. The injured worker was diagnosed as having pain disorder associated with both psychological factors and a general medical condition and major depressive disorder mild to moderate range recurrent. Treatment to date has included physical therapy, a functional restoration program, a home exercise program, [REDACTED], and medication including Cymbalta. Currently, the injured worker complains of depression and difficulty sleeping. The treating physician requested authorization for a psychological evaluation and psychological treatments 2x6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100 -101.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. Decision: A request was made for a psychological evaluation; the request was non-certified by utilization review the following provided rationale: "the patient appears to have previously had psychology as well as having participated in an FRP program. At this point it appears unclear with the goal of further therapy visits will be and what the functional gain including the potential to return to work will be. The patient appears to have reached the maximum recommended visits. Therefore, the request is not supported as medically necessary and is not approved." This IMR will address a request to overturn the utilization review decision. Medical records reflect that the patient participated in a functional restoration program in or about October 2013 where he "learned stretches and relaxation exercises. You learn how to live with his pain and that there were others in worse shape than him. It was also noted that [REDACTED] program, that Help program, requested additional psychological treatment which had been denied by the insurance carrier." It is noted that the patient "rates is subjective level of depression as 7-8/10 with 10 representing severe depression and that in the past month at home as depression has been as low as 5/10." On February 18, 2015 as part of a psychological panel qualified medical evaluation the patient had psychological assessment and testing provided. The psychological testing included the following tests: Battery for Health Improvement-2; Beck Depression Inventory-2; Epworth Sleepiness Scale; and Minnesota Multi-phasic Personality Inventory-2-RF. [REDACTED] He's been diagnosed with the following Psychiatric Conditions: pain Disorder Associated with Both Psychological Factors and a General Medical Condition; Major Depressive Disorder Mild to moderate range recurrent. At this juncture, after careful consideration of the provided medical records, it appears that the patient has received several psychological evaluations already in several different settings. The need for further psychological evaluation at this time does not appear to be medically necessary and in fact appears to be redundant. Because the patient has already received psychological evaluation additional utilization of this intervention does not appear to be medically necessary and therefore the utilization review determination of non-certification is upheld.

Psychological Treatments, 2 times wkly for 6 wks, 12 sessions: Overturned

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

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 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 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 a psychological treatment 2x wkly for 6 weeks, 12 sessions; the request was non-certified by utilization review the following provided rationale: "the patient appears to have previously had psychology as well as having participated in an FRP program. At this point it appears unclear with the goal of further therapy visits will be and what the functional gain including the potential to return to work will be. The patient appears to have reached the maximum recommended visits. Therefore, the request is not supported as medically necessary and is not approved." This IMR will address a request to overturn the utilization review decision. The patient's prior psychological course of treatment is not entirely clear. It is noted in throughout the medical records at the patient participated in [REDACTED] with good benefit on both the physical and psychological level. There is notation in the February 2015 report that a request was made for additional cognitive behavioral treatment but this was not approved and conclusion was that it would be medically reasonable for an additional 10 sessions of cognitive behavioral therapy and that the conclusion he could return for a rating report. It appears that the patient although he has had psychological treatment within the functional restoration program,

there was no evidence provided that he received psychological treatment outside of this program. It is also noted that the patient did benefit from the psychological treatment that he received. It appears based on the medical records reasonable to have additional psychological treatment consisting of 2 times weekly for 6 weeks for a total of 12 sessions as requested. These sessions should be considered the final part of his psychological treatment and be used accordingly to bring his psychological treatment to a conclusion. Because the medical appropriateness of the request appears to be consistent with MTUS/official disability guidelines and because the medical necessity the request is established, the utilization review determination of non-certification is overturned.