

Case Number:	CM15-0117672		
Date Assigned:	06/26/2015	Date of Injury:	01/19/2012
Decision Date:	07/29/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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:

This 38 year old female sustained an industrial injury to bilateral hands, wrists and forearms via repetitive trauma on 1/9/12. The injured worker later developed anxiety and panic attacks. Previous treatment included right carpal tunnel release (2013), injections, psychiatric care and medications. In a progress noted dated 3/30/15, the injured worker reported that her level of anxiety continued to be high and that she still had panic attacks. The injured worker was exercising, walking and practicing stress reduction exercises. In a progress report dated 5/22/15, the injured worker's mood was anxious. The physician noted that the injured worker displayed significant pain behavior during the sessions. The injured worker had multiple stressors going on in her personal life that related to a higher level of chronic pain. The injured worker had completed six pain psychology sessions. The physician stated that she was making good progress in better managing her chronic pain. Current diagnoses included psycho-physiologic disorder associated with diseases. The treatment plan included six additional pain psychology sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.

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. A request was made for pain psychology 6 sessions; the request was non-certified by utilization review with the following rationale provided: "the submitted documentation revealed that after 5 pain psychology visits, the patient continued to report high levels of anxiety and frequent panic attacks. The submitted documentation failed to provide evidence of measurable improvement in function or reduction in symptoms as a result of the trial of therapy. Therefore the provider's perspective request for 6 pain psychology sessions is noncertified. This IMR will address a request to overturn the utilization review decision. Per MTUS/ODG 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. According to a comprehensive pain psychological evaluation from January 23, 2015 the patient is suffering from "significant symptoms of depression, anxiety, and impaired sleep. The most prominent symptoms of emotional distress include anhedonia, excessive worry, and frequent panic attacks." The patient started psychological treatment and received an authorization for 6 sessions. It is noted that at her 3rd session treatment progress was written as: "she is making

good progress and is motivated to learn how to better manage her pain." Treatment plan with stated goals and objectives were also provided as well as a description of the treatment being provided which includes cognitive behavioral therapy. At her for session in therapy they discussed the patient's fear of starting physical therapy due to concerns that would increase her pain levels and there was the use of and training in stress reduction exercises as well as self-care strategies. The patient was encouraged to expressed or physical therapist her fears and anxiety as well as proceeding at a rate that is appropriate for her. At her 5th session it was noted that the patient continues to make good progress in treatment and is practicing stress reduction exercises. It is also noted that she is continuing to have anxiety and panic attacks and that additional sessions are requested. The medical appropriateness/necessity of the requested treatment is established by the provided documentation. The injured worker is properly identified as a patient who would potentially benefit from psychological intervention, the patient continues to have psychological symptomology the clinically significant level it warrants psychological intervention, the total quantity of sessions requested conjunction with the total quantity of sessions received to date was clearly stated in the progress notes and does not exceed MTUS/official disability guidelines, and the progress notes themselves to reflect that the patient is making progress in her treatment. Treatment progress was reported in terms of subjective observations rather than objectively measured functional indices (increased activity of daily living, reports of reduction in use of medication or increased activity etc.) and future sessions should be contingent upon the establishment of medical necessity which includes objectively measured functional indices of change. Because the request appears to be reasonable, established and is medically necessary by the medical records provided the request to overturn the utilization review determination for non-certification is approved.