

Case Number:	CM15-0118066		
Date Assigned:	06/26/2015	Date of Injury:	11/25/1995
Decision Date:	07/29/2015	UR Denial Date:	06/04/2015
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:

The injured worker is a 52 year old male, who sustained an industrial injury on November 25, 1995. Treatment to date has included medications, pain psychology sessions, home exercise, and stress-reduction exercises. Currently, the injured worker complains of chronic low back pain. The injured worker reports that using Lidoderm patches helps with his pain and when he uses the patches he does not use the oral medications. He reports that he tries to exercise with stretching and walking and that he has not been performing any stress reduction exercises currently. He ambulates with an antalgic gait. The injured worker denied depression and anxiety and reported feeling safe in relationship and sleep disturbances. The documentation included pain psycho-therapy sessions on November 20, 2014, December 8, 2014 and December 15, 2014. At the December 15, 2014 session the injured worker reported pain, insomnia, depression and anxiety. The diagnoses associated with the request include chronic pain syndrome, lumbar degenerative disc disease, lumbago, lumbosacral sprain/strain and lumbar sprain/strain. The treatment plan includes four additional sessions of pain psychology, Lidoderm patches, Ultracet, and exercise and stress reduction practice.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23.

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 for "psych x 4" sessions was made and non-certified by utilization review with the following (edited) rationale for its decision: "...there is no indication of how much treatment has already been provided in this regard and there is no indication/documentation of clinically meaningful objective functional improvements..." According to a psychological treatment progress note from 12/15/14, the patient is noted to have ongoing symptoms of insomnia, depression, anxiety which he reports have occurred due to his industrial injury. His affect is listed as depressed in the session. He reports ongoing symptoms of pain and anxiety depression and insomnia. The patient is requesting psychotherapy to improve ability to manage and cope with pain, insomnia, and psychiatric comorbidities to pain including depression and anxiety. Patient expresses an interest in learning non-pharmacological strategies to address his distressing symptoms. 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. All of the provided medical records for this IMR were carefully

considered. The medical necessity of this request for 4 additional psychological treatment sessions was not established by the documentation provided for consideration for this IMR. The patient does appear to remain psychologically symptomatic at a clinically significant level that perhaps may benefit from further psychological treatment. However according to the MTUS/official disability guidelines there are 2 additional criteria that need to be met in order to establish medical necessity. There is no discussion in the provided medical records whatsoever with regards to the total quantity of treatment sessions provided to date. In addition the few psychological treatment progress notes that were provided do not reflect or discuss patient benefit or improvement from prior psychological treatment sessions that have already been provided. Because of these limitations in the provided documents the medical necessity of this request was not established. This is not to say that the patient does not need further psychological treatment, only that the medical necessity of this request was not established and therefore the utilization review decision for non-certification is upheld.