

Case Number:	CM15-0118351		
Date Assigned:	07/01/2015	Date of Injury:	08/09/2010
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
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 54 year old female sustained an industrial injury via cumulative trauma to the neck, bilateral upper extremities, bilateral shoulders and right elbow on 8/9/10. Previous treatment included bilateral carpal tunnel release, physical therapy, acupuncture, psychiatric care, pain coping skills group and medications. In a visit note dated 6/5/15, the injured worker complained of pain to the right shoulder, bilateral elbows and bilateral wrists, rated 6/10 on the visual analog scale without medications and 4/10 with medications. The injured worker reported that her quality level was good and her activity level had increased. The physician noted that the injured worker was well groomed, well-nourished and well-developed. The injured worker was anxious, depressed and in mild to moderate pain. She had good communication ability. Current diagnoses included cervical spine sprain/strain, cervical spine radiculopathy, right shoulder rotator cuff tear, bilateral carpal tunnel syndrome and depression. The treatment plan included continuing physical therapy and acupuncture, electromyography/nerve conduction velocity test to bilateral upper extremities, six sessions of cognitive behavioral therapy for pain coping skills, considering participation in a functional restoration program and continuing care with psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Cognitive Behavioral Therapy with Pain Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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. The request was made for cognitive behavioral therapy six sessions with pain psychologist; the request was modified by utilization review provided the following rationale for its decision: "Evidence-based treatment guidelines recommend CBT in the treatment of chronic pain, but support only four sessions as an initial trial. Further sessions are recommended only when the initial trial leads to functional improvement. Therefore four sessions are recommended for certification will remain to sessions are recommended for non-certification." This IMR will address a request to overturn the utilization review decision. According to a primary treating physician progress report from April 3, 2015 it is noted that the patient" completed pain coping skills group. Further recommendations in Dr. Rome report." A copy of Dr. Rome's report was not provided for consideration for this IMR. The patient's prior psychiatric and psychological treatment history is unknown. Is not clear whether or not the patient had received any prior psychological treatment. The provided medical records did not contain any psychological documentation with regards to this patient's current symptomology in prior psychological treatment history (if any). No comprehensive psychological intake evaluation was provided, and could not be determined definitively whether or not this is a request for continuing a previous course of psychological treatment or starting a new one. However based on the utilization review decision it appears that the request for six sessions was modified downward to allow for four sessions which would be consistent with the MTUS guidelines for an initial brief treatment trial. The MTUS treatment guidelines recommend that when initiating a new course of psychological treatment an initial brief treatment trial consisting of 3 to 4 sessions be undertaken in order to determine whether or not the patient is responsive to the treatment modality being administered. Additional sessions can be offered subsequent to the

documentation of medical necessity contingent upon evidence of patient benefit including objectively measured functional improvements. Because this request was for six sessions, and it appears to be a request to start a new course of psychological treatment, the request was modified by utilization review to be consistent with the MTUS guidelines for the initial brief treatment trial protocol. Because the request for six sessions very slightly exceeds the treatment guidelines by two sessions per MTUS the medical necessity is not indicated. This is not to say that the patient does not require psychological treatment only that this request was not in accordance with the MTUS guidelines for a brief treatment trial at the outset of treatment initiation. For this reason, the request is not medically necessary or established and therefore the utilization review determination is upheld.