

Case Number:	CM15-0118520		
Date Assigned:	06/26/2015	Date of Injury:	04/17/2008
Decision Date:	07/29/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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 57 year old female sustained an industrial on 4/17/08. Documentation did not disclose previous treatment or recent magnetic resonance imaging. In a PR-2 dated 4/4/15, the injured worker complained of pain to the neck, back, shoulder, feet, arms and legs. The injured worker also complained of depression. The physician noted that the injured worker appeared obviously depressed. Physical exam was remarkable for limited range of motion to the cervical spine, lumbar spine and shoulder with positive shoulder provocative testing. The injured worker moved very slowly. In a PR-2 dated 5/12/15, the injured worker had received approval to see psych. The injured worker had finally seen a physician for pain management. The injured worker's complaints included the back, upper and lower extremity and depression. Physical exam was remarkable for lumbar spine with tenderness to palpation, spasms, pain with range of motion and intact neurologic exam. The injured worker pushed up from the sitting position. Current diagnoses included chronic lumbar strain and complaints of the upper and lower extremities. The treatment plan included continuing with pain management and seeing psych.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transfer to a new psyche: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness & Stress.

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 to "transfer to a new psyche, with [REDACTED] as an outpatient." The request was non-certified by utilization review with the following provided rationale: "there is no rationale provided as to why the patient requires a transfer to a new psychologist/psychiatrist. There are no psychology notes provided indicating the patient to require ongoing treatment and lacking a rationale for the transfer" to overturn the utilization review decision. The request to "transfer to a new psyche" is not specifically addressed in the MTUS/official disability guidelines. The closest related issue is psychological treatment and cognitive behavioral therapy. 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 medical necessity of the requested treatment is not established by the provided documentation. The request itself is nonspecific in terms of quantity of sessions being requested. All treatments requested reaching the IMR level must have a specific quantity of treatment sessions being requested otherwise it is considered open-ended and unlimited. In

addition the medical records were provided were insufficient to establish the medical necessity the request. No information was provided whatsoever regarding the patient's prior psychological treatment history in terms of session quantity and outcome nor was there any documentation provided whatsoever regarding the patient psychological status and rationale for this request. The entire medical records provided were under 10 pages. Because the medical records provided were insufficient and because the request does not appear to be consistent with MTUS guidelines due to a lack of specification of quantity being requested as well as a clear psychological treatment history regarding treatment quantity/duration/outcome, the medical necessity this request was not established and therefore the utilization review determination is upheld. This is not to say that the patient does not require psychological treatment only that the requested procedure does not meet the standards and is not medically necessary based on the documentation provided for consideration for this review.