

Case Number:	CM15-0121427		
Date Assigned:	07/02/2015	Date of Injury:	07/28/2010
Decision Date:	08/11/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/23/2015

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 62-year-old male, who sustained an industrial injury on 7/28/10. He has reported initial complaints of a neck and back injury after lifting heavy boxes. The diagnoses have included cervical disc disease, cervical radiculopathy, chronic intractable pain, lumbar degenerative disc disease (DDD), lumbar radiculopathy, post-laminectomy syndrome of the lumbar region, and depression with anxiety. Treatment to date has included medications, activity modifications, rest, off work, heat/ice, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note dated 5/6/15, the injured worker complains of low back and neck pain with severe depression. The pain is rated 8/10 on pain scale. He also is going to pain management physician. He ambulates with assistance of a walker and there is weakness and numbness noted. The injured worker is in severe pain and asking for modifications to pain medications. The pain is not improving and he is in tears a lot in the evening. The low back pain also radiates to the bilateral extremities with numbness, tingling and weakness. The objective findings reveal that he walks on heels with difficulty and uses a walker. The lumbar range of motion is diminished due to pain, there is tenderness to palpation, there is atrophy in the quadriceps, and sensation to light touch is diminished bilaterally. The cervical spine exam reveals asymmetry of the neck and shoulders with tilting of the neck and head to the left. On axial compression of the cervical spine, there is tenderness to the bilateral trapezius. The upper extremity sensation to light touch is diminished. The current medications included Neurontin, Lidoderm patch, Soma, and Fioricet. There are no previous diagnostic reports noted

in the records. There is previous therapy sessions noted. The physician requested treatments included Psychotherapy 6 sessions and Initial psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 6 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 (ODG), 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 Official Disability Guidelines (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 psychotherapy 6 sessions, the request was non-certified by utilization review with the following provided rationale: "Is unclear whether the claimant has participated in previous psychological treatment. A psychological evaluation was conducted in October 2014; however, the results of the evaluation not provided." The current psychological evaluation providing information regarding past psychological treatment, current functioning, and current treatment goals is not provided. Furthermore, a psychological evaluation indicating whether the claimant is a candidate for individual psychotherapy is not provided. Without information regarding current treatment goals and history of previous psychotherapy, the request cannot be certified.

This IMR will address a request to overturn the utilization review decision. According to a secondary treating physician's initial complex comprehensive medical legal psychological evaluation from June 6, 2015 from the patient's primary treating psychologist, it is noted that: "The patient had a psychological evaluation on May 20, 2015." According to this report, the patient became severely depressed in February 2013 when he could no longer tolerate the pain and was struggling with significant life changes as a result of his industrial injury. He took an overdose of OxyContin as an attempted suicide and remained in the hospital for 5 days. It appears that he began psychiatric treatment around this time in 2013. It is not clear if you received psychological treatment also at that time but it does not appear so based on the provided documentation. It is noted further that in October 2010 he became again the severely depressed and was enrolled in an intensive outpatient program with a hospitalization occurring December 30, 2014. Additional suicidal ideation reoccurred necessitating a hospitalization at the behavioral health unit and he was discharged from that program January 2, 2015. Around April 2015 he was authorized for 6 weeks of intensive outpatient program treatment at [REDACTED] where he participated in group therapy. He has been diagnosed with the following: Major Depressive Disorder, Single Episode, Severe with Anxiety and passive suicidal ideation now chronic; and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. The medical necessity of the requested treatment has been established adequately and sufficiently in order to overturn the utilization review decision for psychotherapy 6 sessions. The patient is exhibiting clinically significant psychological symptomology at a level that necessitates psychological intervention. A comprehensive psychological evaluation has been completed and the patient has a diagnosis of Major Depressive Disorder, Severe. According to the official disability guidelines for cognitive behavioral therapy a typical course of psychological treatment consists of 13 to 20 sessions maximum. Evidence of patient benefit and progress in treatment including objectively measured functional improvement based on prior treatment sessions is necessary in order to allow for those sessions of psychological treatment. An exception can be made to allow for additional sessions in cases of Severe Major Depressive Disorder. Although the records from his outpatient treatment at [REDACTED] were not provided, it does not appear that the patient has received an inordinate amount of prior psychological treatment, if any. Psychiatric treatment has been provided to the patient and is ongoing. Due to the severity of the patient's psychological symptomology that is direct sequelae, according to the medical records, from his industrial related injury, the request for psychotherapy 6 sessions appears to be reasonable and medically necessary and appropriate and therefore the utilization review decision is overturned.

Initial 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 (ODG), 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 also 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. According to a secondary treating physician's, initial complex comprehensive medical legal psychological evaluation from June 6, 2015 conducted by [REDACTED] it is noted that: The patient had a psychological evaluation on May 20, 2015. This report was included in the documentation provided for consideration with regards to this treatment request. It is unclear whether this report, which was completed on June 6, 2015, is in fact the one that is being requested here or if the request is for something different. Because this June 6, 2015 evaluation is complete, there is no need for an initial psychological evaluation to be conducted at this time. If this is a retrospective request for the June 6, 2015 initial psychological evaluation then it was not clearly stated in the provided documentation. Because this request appears possibly to be redundant, the request is not medically necessary in the utilization review determination is upheld.