

Case Number:	CM15-0122472		
Date Assigned:	07/06/2015	Date of Injury:	06/14/2012
Decision Date:	07/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/25/2015

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 year old female who sustained an industrial injury on 06/14/2012. The injured worker was diagnosed with bilateral carpal tunnel syndrome and chronic pain. The injured worker is status post left carpal tunnel release and left trigger thumb release on January 14, 2013, left carpal tunnel release revision, left hand extensor tenolysis, left thumb metacarpophalangeal joint fusion (no date documented) and left thumb hardware removal and left thumb distal interphalangeal joint capsulectomy on March 26, 2014. Treatment to date has included diagnostic testing with recent electro diagnostic studies on June 5, 2015, surgery, physical therapy, multiple steroid injections to the wrists and thumb, splints, home exercise program and medications. According to the primary treating physician's progress report on April 21, 2015, the injured worker continues to experience increased symptoms on the left hand with pain in the small and ring fingers. The injured worker denies further locking or triggering. Examination demonstrated limited thumb distal interphalangeal joint flexion with carpal tunnel compression and Phalen's test reproducing pain but no tingling. Finger range of motion was normal. The right thumb was tender at the A1 pulley without triggering. The ulnar nerve was tender with a painful Tinel's sign and mild weakness of the 1st dorsal interosseous documented. Psychologically, the provider documented no anxiety; no depression and no sleep disturbances though the injured worker awakens nightly with tingling of all digits. The injured worker also reports concerns of ongoing symptoms, failed therapy, right upper extremity involvement and inability to return to work. Current medications are listed as Soma, Norco, Aspirin and Dipyridamole. Treatment plan consists of recent authorization of psychiatric consultation, psychological testing (3 hours), psychotherapy (10 sessions), and hypnosis and relaxation therapy (10 sessions), continuing medication regimen, splinting and the current request for psychological treatment once a week for 5 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological treatment 1 x week for 5 weeks: 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. A request was made for psychological treatment one time a week for 5 weeks; the request was non-certified by utilization review of the following provided rationale: "there is limited evidence of any current, specific psychological symptoms subjectively or upon examination that would support the need for psychological intervention. There is no submitted comprehensive psychological evaluation which supports the presence of any psychological issues to provide support for this request for treatment. Psychological treatment is not recommended without review of the recommendations and findings from an appropriate evaluation." This IMR will address a request to overturn the utilization review determination. All of the medical records submitted for this independent medical review were carefully considered. They consisted of 165 pages. It was noted in a utilization review report that the patient suffered from a "very traumatic dog bite and developed PTSD with depressive symptoms." Furthermore it was reported that the claimant has the actual injury to deal with as well as support issues in the workplace and loss of the ability to play and perform the violin, which he does professionally, and a big part of her life and personal identity. There is a reference to psychological testing (not provided for consideration for this IMR) that showed posttraumatic stress disorder and the requested treatment would provide relaxation and calming techniques. According to the June 15, 2015 utilization review a partial certification for

psychotherapy and hypnosis/relaxation training up to allow for 10 sessions of each was authorized along with psychological testing and psychiatric consultation. According to a December 23, 2014 treatment progress note from a nurse practitioner review of systems psychological there is "no anxiety, no depression, and no sleep disturbances." A similar note from February 9, 2015, 3/24/15, and 4/21/2015 report the same absence of psychological symptoms. It is possible that this repeated report of a lack of psychological symptomology is an error and inaccurate, although it could not be determined definitively. According to a occupational/hand therapy treatment progress note from April 9, 2015 it is noted that the patient is "reporting depression and is awaiting referral to a psychologist, it was also noted that she does not appear to be benefiting from the therapy (occupational/hand) and should not continue in light of lack of progress in worsening symptoms." The medical necessity of the requested treatment is not established by the provided documentation. It is not clear, however it appears likely that the patient has been authorized and potentially received psychological treatment according to a prior utilization review report signifying that a request for 12 sessions was modified to allow 10 of sessions psychological treatment including both cognitive behavioral therapy and relaxation/hypnosis training. The provided medical records were carefully reviewed and no psychological treatment progress reports were provided. Therefore the patient's prior psychological treatment history, if any, is unclear. Assuming that the patient has been receiving psychological treatment, continued psychological treatment is contingent upon the establishment of medical necessity based on the demonstration and documentation of patient benefit from treatment including objectively measured functional improvement. Information regarding the quantity of any prior psychological treatment sessions would also be needed. Without further documentation with regards to whether or not the patient has received prior psychological treatment, and if so how much and what the outcome is been, to support this request, the medical necessity of the request itself is not established and therefore the utilization review determination is upheld for non-certification. Because there is one indication of patient depression, treatment might be clinically indicated, however because of insufficient supporting documentation the UR decision stands as is. The request is not medically necessary.