

Case Number:	CM15-0123366		
Date Assigned:	07/07/2015	Date of Injury:	05/05/2009
Decision Date:	08/05/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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 was a 44 year old female, who sustained an industrial injury, May 5, 2009. The injured worker previously received the following treatments psychotherapy services, CT scan of the brain, neck MRI, shoulder MRI wrist MRI and arm MRI, Hydrocodone, Zolpidem, Carisoprodol and Alprazolam. The injured worker was diagnosed with multifocal musculoskeletal pain syndrome, chronic neck pain, bilateral shoulder pain, left wrist pain, multiple sclerosis and fibromyalgia. According to progress note of May 18, 2015, the injured worker's chief complaint was bilateral shoulder pain. The right shoulder pain was worse and spasms of the neck. The injured worker rated the pain at 9 out of 10. The injured worker described the pain as aching, radiating, sore and severe. The objective exam noted the injured worker was hospitalized for a cardiac issue and depression after the last visit. The injured worker was well developed and well nourished. The injured workers mood and affect were normal. The physical exam noted limited range of motion of the right shoulder secondary to adhesive capsulitis and complaint of pain. The treatment plan included outpatient cognitive bio behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cognitive bio behavioral therapy 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: Citation Summary: 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. Decision: a request was made for outpatient cognitive bio-behavioral therapy 12 sessions; the request was non-certified by utilization review with the following provided rationale: "the submitted documentation indicates that the claimant is not in acute distress and that mood and affect are normal. The current California MTUS and ODG recommend psychological evaluations to determine whether the claimant is a candidate for further psychological interventions and to provide a treatment plan to address pain or psychosocial issues affecting the claimant's condition. Without a psychological evaluation, the request for 12 sessions of individual psychotherapy cannot be certified at this time." This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully considered for this IMR consisted of approximately 25 pages. According to the treatment primary physician is noted that "not surprisingly, the patient expresses feelings of depression and hopelessness and anxiety connection with her work injuries and there impairment of physical function. I'm going to make a recommendation that she be evaluated by our pain management psychologist with as appropriate." The patient was injured in May 2009, she is currently being considered for surgical intervention however there is concern about complications that may result. The medical records that were provided were insufficient to establish medical necessity of this requested procedure. There is no information provided whatsoever with regards to the patient's prior psychological treatment history on an industrial

related basis, if any has occurred. No psychological evaluation was provided for consideration. It is unclear whether or not this would be a request to start a brand-new course of psychological treatment or to continue with an already in progress treatment. If this is a request to start a new course of psychological treatment in the patient who has not already received any then the request is excessive in that it ignores the treatment protocol that recommends an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (official disability guidelines). If this is a request to continue an ongoing psychological treatment or to restart one then additional information regarding her prior psychological treatment including session quantity, duration, and outcome would be needed. In the absence of this information medical necessity of this or is not established and therefore the utilization review decision is upheld. 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.