

Case Number:	CM15-0124145		
Date Assigned:	07/08/2015	Date of Injury:	08/30/2002
Decision Date:	08/07/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/27/2015

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 63 year old male, who sustained an industrial injury on 8/30/02. The injured worker was diagnosed as having complex regional pain syndrome, status post right ankle open reduction internal fixation, right ankle pain, and status post hardware removal. Treatment to date has included a home exercise program and medication including Norco, Soma, and Gabapentin. Currently, the injured worker complains of right ankle and right foot pain. The treating physician requested authorization for pain psychology x 6 visits. The treating physician noted pain psychology visits are needed to help with chronic pain, stress, and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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 pain psychology 6 visits, the request was modified by utilization review to allow for 4 visits with the following provided rationale for its decision: "according to the most recent report of May 8, 2015 the patient does report issues of stress related to his pain. Additionally, he is losing weight and having difficulty sleeping. Examination reveals anxiety and depression. It may be reasonable to allow the patient a trial pain psychology area however the request 6 sessions exceeds the recommended guidelines. Therefore recommendations for modification of the request for pain psychology times 6 visits to allow the patient 4 sessions." This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully reviewed. There was no psychological treatment progress notes provided. There is no psychological initial comprehensive evaluation provided. As best as can be determined this is a request to start a new course of psychological treatment. The patient prior psychological treatment history, if any, was not provided. It could not be determined definitively whether this request is to start a brand-new course of psychological treatment in the patient was not had any prior psychological care or if this is a request to continue an ongoing for previously completed course of psychological treatment. The MTUS guidelines recommend that for a new course of psychological treatment an initial brief treatment trial consisting of 3 to 4 sessions be provided. The purpose of the initial brief treatment trial is to determine whether or not the patient is responding to the treatment of objectively measured functional improvement additional sessions can be offered up to a maximum of 13 to 20 sessions per Official Disability Guidelines for psychological treatment. In the absence of any documentation regarding the patient's psychological treatment history medical necessity for 6 visits is not established. Based on the provided medical records psychological treatment appears to be appropriate and a brief psychological treatment trial is indicated however, this treatment trial should consist of a maximum of 3 to 4 sessions per industrial guidelines. Because the request for 6 sessions exceeds the treatment trial by 2 sessions is excessive and therefore the medical necessity is not established in the utilization review determination is upheld. The request is not medically necessary.