

Case Number:	CM15-0125367		
Date Assigned:	07/09/2015	Date of Injury:	04/29/2010
Decision Date:	08/10/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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 54 year old male who sustained an industrial injury to his lower back on 04/29/2010 as a machine operator. The injured worker has a medical history of hypertension and gastroesophageal reflux disorder (GERD). The injured worker was diagnosed with chronic pain syndrome adjustment disorder associated with mixed anxiety and depression. Treatment to date has included lumbar epidural steroid injections, lumbar facet joint intra-articular blocks, physical therapy, acupuncture therapy, hourly psychotherapy sessions (unknown number) and medications. According to the treating physician's progress report on May 22, 2015, the injured worker continues to experience physical complaints of headaches and low back pain radiating to the lower extremities. The injured worker rates his pain level as unchanged at 7/10.

Documentation noted improved sleep, increased participation in outside activities, increased optimism and self-worth and is taking decreased pain medications. Speech, thought process and eye contact were adequate. No psychotic disorders were perceived. Current medications are listed as Hydrocodone, Tizanidine and Meloxicam. Treatment plan consists of continuing the medication regimen, home exercise program and the current request for psychotherapy sessions times four.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 psychotherapy sessions: Overturned

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, and 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 4 psychotherapy sessions: the request was non-certified by utilization review with the following provided rationale: "The requested psychotherapy sessions are not appropriate for the patient. Medical records reveal the patient did note positive subjective and objective changes from the previous psychotherapy, however the patient had already undergone 11 visits. The examination performed April 21, 2015 noted the patient had reached permanent stationary status and additional psychotherapy beyond the authorized 12 visits was not medically necessary." This IMR will address a request to overturn the utilization review decision. According to a PR-2 psychological narrative report from May 22, 2015 is noted that the patient is receiving psychological treatment focusing on pain management skills in helping you to return to pre-entry levels of affective functioning. It is noted that the patient states that he is continuing to work and having pain levels that are stable (7/10) but that he is sleeping better and participating in more activities of bringing joy and taking less pain medication. Functional improvement is noted that the patient is: less anxious and depressed with considerable decrease in crying spells, decreased pain medication increased sleep, increased participation in activities that diminishes focus on pain decreased social isolation, increased verbalization of optimism hope etc. According to a March 25, 2015 psychiatric report the patient continues to remain with symptoms of depression that do not fully qualify as a major

depressive disorder nor does it appear as an adjustment disorder and therefore was diagnosed as depression not otherwise specified. The patient does report feeling depressed usually in the morning but not every day with some anxiety and irritability. It is noted that the patient has improved feels that he is not the same as he was prior to his injury and reports being less social and more withdrawn socially and is now depressed and irritable where he used to be a generally optimistic and upbeat person and is considered permanent and stationary at this time. 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. Official disability guidelines for the treatment of depression. The quantity of sessions received to date does not appear to exceed the recommended guidelines, the patient remains depressed at a clinically significant level and there has been evidence of patient benefit from prior treatment sessions including objective functional improvements such as decreased medication use and increased activity level. Four additional psychological treatment sessions appears to be reasonable and medically appropriate at this juncture. However these sessions should be considered as final sessions and used for treatment termination purposes. Because the medical necessity the request is appropriate the utilization review decision is overturned.