

Case Number:	CM15-0125482		
Date Assigned:	07/10/2015	Date of Injury:	01/20/2001
Decision Date:	08/10/2015	UR Denial Date:	06/08/2015
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 50 year old female, who sustained an industrial injury on January 20, 2001. She reported cumulative trauma injuries. The injured worker was diagnosed as having tendinitis of hand, chronic pain syndrome, anxiety state, insomnia and depressive disorder. Treatment to date has included psychological counseling, exercises, acupuncture and medications. Currently, the injured worker complained of muscle aches and joint pain. She also reported fatigue, lethargy, depression, sleep disturbances and anxiety. The treatment plan included increasing her self-management program, cognitive behavioral therapy focusing on improving sleep and pain management and a recommendation for individual group sessions. On June 8, 2015, Utilization Review non-certified the request for six sessions of group psychology, citing California MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of group psychology: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment Page(s): 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. Decision: A request was made for 6 sessions of group psychology; the request was non-certified by utilization review provided the following rationale: "the patient has reportedly had luminary sessions in the past, which were helpful, though there are no psychological evaluations included for review for the dates of prior psychotherapy sessions. Therefore, 6 sessions of group psychology is non-certified as the patient is currently being recommended for a psychological evaluation at this time." This utilization review will address a request to overturn the utilization review decision and authorize 6 sessions of group psychology. All of the provided medical records were carefully considered for this IMR. According to a follow-up treatment note from [REDACTED], October 22nd 2014 it is noted that the patient has "a long history of cumulative trauma injuries as well as noted significant mood disorder with significant problems associated with depression and anxiety." She continues to report problems with depression and anxiety as well as insomnia and noted that she "recently started some preliminary treatment of psychological counseling here at the center. She notes she responded well with our psychology team and believes of the sessions have been helpful so far. She is working and doing some relaxation exercises 2 times a day which he also finds helpful." According to a similar treatment progress note from January 20, 2015 it is noted that "she was approved for a series of psychological based sessions but only had one session done before authorization expired. She would like to continue working with our staff if possible and would like to get an extension done on the treatments." She has the following psychiatric diagnoses listed: Anxiety State, Unspecified; Depressive Disorder Not Elsewhere Classified; Chronic Pain Syndrome. 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. A psychological evaluation was found from October 22, 2014 recommending Psychological treatment. The medical necessity of this request is not established by the provided documentation. The provided documents do establish that the patient is experiencing psychological symptomology at a clinically significant level that would suggest the need for treatment. However, the patient was injured in 2003 and it appears that she has received psychological treatment in the past for this industrial injury and yet no psychological treatment data was provided detailing how much treatment was provided. Her past prior psychological treatment history needs to be documented in order to establish whether more is medically appropriate. It is unclear how many sessions she received in the past and what extent she benefited from those sessions. Objectively measured functional improvements is the standard by which patient benefit is established, and there is none provided. Although there were a couple of subjective reports of patient benefit from prior psychological treatment progress notes there is insufficient documentation to support this request. Because the medical necessity of this request is not established the utilization review decision is upheld. This is not to say that the patient does not require psychological treatment, only that the medical necessity of this request is not supported due to insufficient documentation of her prior treatment history. Therefore, the request is not medically necessary.