

Case Number:	CM15-0127430		
Date Assigned:	07/14/2015	Date of Injury:	07/29/2011
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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 49-year-old male, who sustained an industrial injury on July 29, 2011. Treatment to date has included behavioral psychotherapy and biofeedback. A psychological testing evaluation on November 17, 2014 reveals that the injured worker had difficulty with cooking and cleaning, working around the home, prolonged stand, sitting and walking, headache, hair loss, neck/shoulder/back muscle tension and pain, nausea, vomiting, peptic acid reaction and gastrointestinal issues. Previous cognitive behavioral psychotherapy resulted in improvement in anxiety, depression, sleep disruption, and the reduction of multiple stress-related medical complaints. Following the discontinuation of his previous cognitive behavioral therapy, the injured worker reported an increase in depressive symptoms including agitation, pessimism, diminished self-esteem and lack of motion. He reported worsening anxiety, insomnia, panic, diminished energy, social withdrawal and stress-identified peptic acid reaction. The diagnoses associated with the request include thoracic sprain, major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. The treatment plan includes twelve sessions of individual psychological treatment and evaluation of medical management versus comprehensive pain management program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psych sessions, 12 sessions, and evaluate medical management versus comprehensive pain management program: 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, 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. A request was made for weekly individual psych sessions x 12 and evaluate medical management versus comprehensive pain management program. The request was modified by utilization review with the following explanation: "4 sessions of psychotherapy are medically necessary to help the claimant cope with his depression and anxiety symptoms." This IMR will address a request to overturn the utilization review decision. Decision: According to a follow-up report on restitution of treatment dated November 17, 2014 and provided by the patient's treating clinical psychologist has regressed since discontinuation of a prior course of psychological treatment in 2013 and currently has significant symptoms of major depression and anxiety disorders with panic attacks. At that time, it was requested to restart treatment by offering 6 cognitive behavioral therapy and biofeedback sessions over the next 3 months or more on an as-needed basis. The provided medical records do not establish the medical necessity of the requested treatment. There is insufficient and virtually no documentation provided regarding his prior psychological treatment. There is no comprehensive pain psychology treatment plan with stated goals and objective dates of accomplishment. It is unclear how much prior treatment the

patient received during the course of his 2013 treatment. There is no information provided with regards to how much treatment he has already received during the reinstatement of his treatment starting at the end of last year and continuing through this year. There is insufficient documentation of measured outcome and results from prior treatment. No objectively measured assessment instruments were provided to demonstrate that the patient is benefiting from the current treatment, although he may be benefiting from it there was no discussion of patient benefit or improvements in the provided medical records so it could not be determined whether or not he is. Nearly all of the provided medical records consisted of documents related to insurance and medical billing and there is a dearth of clinical data provided for consideration. Because of insufficient documentation, regarding the patient's prior psychological treatment the medical necessity of this request is not established and therefore the utilization review determination 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.