

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0129130 | | |
| Date Assigned: | 07/15/2015 | Date of Injury: | 05/24/2012 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 07/03/2015 |

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:

This 45 year old female sustained an industrial injury on 5/24/12. She subsequently reported back pain. Diagnoses include low back pain, degenerative disc disease, right wrist pain, bilateral sacroiliitis and lumbar facet joint arthritis. Treatments to date include MRI testing and prescription pain medications. The injured worker continues to experience low back and lower thoracic pain as well as anxiety and depression. Upon examination, there is spasm noted in the lumbar paraspinal muscles and thoracic paraspinal muscles. Stiffness was noted in the lumbar spine. Tenderness was noted in the lumbar and thoracic facet joints and right wrist joint. A request for Psychotherapy QTY: 12 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 397.

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 psychotherapy, quantity 12 visits; the request was modified by utilization review to allow for 4 sessions with the following provided rationale: "this was modified to allow for 4 sessions of psychotherapy as the patient is experiencing anxiety and depression related to her ongoing pain. The psychological symptoms have increased when being told that she is not a surgical candidate and she has been receiving psychotherapy." This IMR will address a request to overturn the utilization review decision and authorize the 12 requested sessions. The patient has been undergoing psychotherapy with [REDACTED]. According to a treatment progress note from June 25, 2015, the patient restarted psychotherapy and was authorized for four sessions. The session content addressed her industrial related work injury treatment as well as the related psychological sequelae. It was noted that she has been feeling very depressed and stayed in bed for approximately a week with daily crying for 3 weeks after being told this there was no more surgical interventions and that she would likely have pain for the rest of her life. Anxiety is also noted in addition to the depression and is related to pain levels and difficulty in breathing deeply. It is also discussed that she is trying to learn to cope better and is having good days as well as the difficult ones. 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. The medical necessity the requested treatment could not be established by the provided documentation. The provided medical records do adequately address that this patient is continuing to have psychological symptomology at a clinically significant level. The medical records that were provided also reflect that the patient

appears to be benefiting from treatment although the benefit was only described subjectively and no objectively measure of functional gains which were included. The primary reason why the medical necessity for 12 sessions was not satisfied is that it is unclear how much prior treatment the patient has received. Psychological treatment progress notes do record a session number; however, it appears to be related to the number of sessions authorized. For example on February 24, 2015 there is a notation that "this is session number 4" however this appears to be relative only to the most recent authorization and not a cumulative total of all sessions received on an industrial basis and therefore does not provide the needed information. It is not known when the treatment started and how frequently she was being seen so the total quantity could not be estimated. It is recorded that she has received for treatment sessions recently in this current course of psychological care but it was also that she had prior psychological care unstated total quantity. Without knowing how much treatment the patient has received to date. It could not be determined whether 12 additional sessions would be consistent with the Official Disability and MTUS guidelines. Although the medical necessity of this request could not be determined because of this, this is not to say that the patient is ineligible for additional psychological treatment, only that the request is not medically necessary or established and therefore the utilization review determination is upheld.