

Case Number:	CM15-0172339		
Date Assigned:	09/14/2015	Date of Injury:	09/27/2008
Decision Date:	10/14/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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 50 year old male, who sustained an industrial injury on 09-27-2008. He has reported subsequent bilateral knee, low back and left leg pain and swelling and was diagnosed with lumbago, status post left total knee arthroplasty, compartment syndrome of the left leg status post release and chronic cellulitis. Ultrasound of the left lower extremity dated 02-28-2015 showed normal left lower extremity deep venous system with inability to visualize the peroneal veins. X-ray of the pelvis dated 08-16-2015 showed mild bilateral hip arthrosis and L2-L3 spondylosis. Treatment to date has included oral pain medication, hyperbaric oxygen therapy, surgery and bracing. According to an agreed medical evaluation (AME) report dated 06-17-2015, the injured worker was evaluated by a psychiatrist on 12-17-2014 for diagnoses of depressive disorder and rule out pain disorder associated with both psychological factors and general medical condition. According to the AME report, the psychiatrist suggested pain management, psychotherapy and a functional restoration program. In a progress note dated 07-10-2015 the injured worker reported left leg pain with redness and swelling and low back pain. Objective examination findings showed tenderness of the lumbar spine at the lumbosacral junction, markedly restricted range of motion secondary to low back pain, left drop foot, 3+ out of 5 strength of the left quadriceps and hamstrings with pain and breakaway weakness, 2+ out of 5 strength dorsiflexion and plantar flexion hallux and minor toes and ankle of the left foot, pain in the left leg below the knee, 2 + knee reflexes, 1 + bilateral ankle reflexes, pain with straight leg raise on the left, 2 + pitting edema of the left knee, erythematous left lower leg, evidence of

chronic cellulitis of the left lower leg, induration of the soft tissues, scaling and hyperpigmentation. The injured worker was noted to be on permanent work restrictions. The physician noted that after reviewing the AME report, the physician wanted to adopt and incorporate the findings contained therein, including recommendations for psychological counseling. A request for authorization of psychological counseling (total number of sessions unclear) was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological counseling (total number of sessions is unclear): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. Decision: A request was made for psychological counseling (the quantity of sessions requested was not clearly stated on the IMR application); the request was modified by utilization review to allow for one session. The utilization review provided the following rationale for its decision: the request of psychological intervention is reasonable and supported by published peer-reviewed medical literature and evidence-based medicine guidelines. Recommendation is partial certification for

psychological counseling one sessions (sic). This IMR will address a request to overturn the utilization review decision. 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 intervention could not be established by the provided documentation. The primary reason for this decision is that the request for IMR states that the request is for "psychological counseling." The quantity of sessions being requested is not clearly stated on the application. It is not known how many sessions is being requested. All requests for psychological treatment that reached the IMR level need to have a clearly stated quantity of sessions on the application. In the absence of such information, the request is considered to be for open ended and unlimited psychological counseling, for which the medical necessity would not be established. There are additional reasons why the medical necessity of this request was not established. The medical records that were provided for consideration consisting of 55 pages. There was no psychological evaluation provided describing the patient's symptoms and a treatment plan. There is not clear if and initial psychological evaluation has been conducted or not and while it is not necessary in every case to do so prior to the start of psychological treatment, the absence of any clear diagnosis of what's being treated for treatment plan more information would be required in order to establish the necessity of this request. Is not clear whether or not the patient has been receiving psychological treatments and if so how many sessions he has received as well as the outcome from such therapy. If the patient has not received any psychological treatment whatsoever then more information is needed regarding the psychiatric and psychological symptomology. For these reasons the medical necessity the request is not established and utilization review decision is upheld.