

Case Number:	CM15-0172344		
Date Assigned:	09/14/2015	Date of Injury:	03/15/2003
Decision Date:	10/14/2015	UR Denial Date:	08/12/2015
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 59 year old female, who sustained an industrial injury on March 15, 2003, incurring low back, left shoulder and knee injuries. Lumbar Magnetic Resonance Imaging revealed compression of the nerve root. She was diagnosed with lumbar disc disease, lumbar radiculopathy, and peroneal neuropathy. Treatments included pain medications, anti-inflammatory drugs, muscle relaxants, acupuncture, physical therapy, chiropractic sessions, epidural steroid injection and activity restrictions. She underwent bilateral knee arthroscopy in 2004, left shoulder surgery, and a lumbar discectomy in March, 2005. She then had a second lumbar surgery with surgical decompression of the left sciatica nerve. Currently, the injured worker complained of severe gluteal pain radiating into her left leg with ongoing numbness associated with progressive deterioration of strength in her left leg causing her to limp when walking. She developed atrophy of her gluteus muscles. She noted pain in her right knee. An ultrasound revealed compression of the sciatica nerve. The severe pain has interfered with all of her activities of daily living. She eventually developed left foot drop and an unstable gait. She had 40% relief of pain with a caudal injection in May, 2014. The treatment plan that was requested for authorization on August 28, 2015, included eight psych sessions. On August 12, 2015, utilization review denied the request for eight psych sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) psych sessions: Overturned

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) 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 indicate up to 13-20 visits over 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 eight psych sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "additional sessions are not medically necessary as there is no description of functional improvements claimant has received from past treatment. There is no progress report that forms of how the claimant has been doing in her psychotherapy sessions." 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. Over 960 pages of medical records were provided for this review .As carefully as possible to the extent that could be achieved given the quantity. A psychological evaluation from August 4, 2015 was found. The mechanism of injury was reported as working in a warehouse with a conveyor belt and pallets when she was struck in the ankles by a piece of wood that was broken and fell to her knees while turning her body to waist and striking her left shoulder hitting a solid pillar. Several subsequent surgeries were undertaken. The patient's prior

psychological treatment was described as: "she has received psychological treatment through Worker's Comp. but "they stopped it." This treatment began with [REDACTED] but eventually was discontinued. She then was referred to another psychologist office but no interpreter was provided. This treatment was discontinued. All Workers' Comp. benefits were stopped two years ago. She reports she was in the middle the detoxification but Worker's Comp. stop this as well right in the middle of the detox and she had to complete it through Medicaid." She was provided a prescription for group psychology that she started probably in August 2013 but was in [REDACTED] and she is [REDACTED]-speaking and no interpreter was provided. She reported that the only benefit derived from the [REDACTED] psychological treatment was that a distraction from pain that she picks up a little [REDACTED] here and there. She attends the group up to times a week sometimes more frequently but "this is not what I want." I want to learn to express myself and my frustrations. The group is reportedly paid by Medicare. She is diagnosed with the following: Major Depressive Disorder, single episode, moderate severity. After her treatment with [REDACTED] [REDACTED] was discontinued she was reportedly prescribed the medication Cymbalta which she has continued to take but notes that she is not benefiting from it. Although the patient appears to receive some psychological treatment on an industrial basis in the past, it does not appear that she has received adequate treatment to fully address the psychological symptomology that resulted from her industrial injury. According to the most recent data provided which was in August 2015 patient does not appear to be receiving active psychological treatment. At this juncture it appears that the patient may benefit from a course of psychological treatment provided, ideally, in [REDACTED] or if not with an interpreter present. The request for eight sessions of psychological treatment appears to be reasonable and medically appropriate and therefore the utilization review determination for non-certification is overturned. The request is medically necessary.