

Case Number:	CM15-0177411		
Date Assigned:	09/18/2015	Date of Injury:	11/16/2012
Decision Date:	10/21/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/09/2015

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 51 year old male who sustained an industrial injury on 11-16-2012. Diagnoses include multilevel disc herniation, left shoulder complete tear of the rotator cuff, right shoulder pain, thoracic sprain-strain, lumbar sprain-strain and myospasm. In a physician progress note dated 05-30-2015 the physician is requesting a Psyche evaluation for a psychological pain consultation due to reports of anxiety, irritability and coping difficulty with ongoing pain level and functional limitations. He was requesting a Pain Management Clinical Psychologist for pain related psychological evaluation and bio-behavioral pain management treatment. A physician progress note dated 06-29-2015 documents the injured worker has ongoing neck pain rated 6 out of 10, low back pain rated 8 out of 10, and shoulder pain with pain rated 7 out of 10, and upper back pain rated 5 out of 10. He has sleep problems. A physician progress note dated 07-23-2015 documents the injured worker has neck pain rated 6 out of 10, shoulder pain rated 6 out of 10 left greater than right, low back pain rated 7 out of 10. Cervical and lumbar spine has tenderness and decreased range of motion and spasms. He has decreased bilateral shoulder range of motion left greater than right. Several documents within the submitted medical records are difficult to decipher. Treatment to date has included diagnostic studies, medications, physical therapy, injections, shockwave therapy, and manipulative therapy. Current medications as of 08-01-2014 include Anaprox DS, Flexeril, Ultracet, Prilosec, and topical compounded medications. A thoracic Magnetic Resonance Imaging done on 06-25-2015 was normal. A cervical MRI done on 06-24-2015 revealed multilevel disc protrusions, with right neural foraminal narrowing at C4-5

and central canal is stenosed with right exiting nerve root compromise, and at C5-6 and C6-C7 bilateral neural foraminal narrowing, and central canal stenosis is seen with bilateral exiting nerve root compromise. On 02-11-2015, a Magnetic Resonance Imaging of the right shoulder revealed supraspinatus tendinosis with partial interstitial tear and impingement from acromioclavicular osteoarthritis. On 08-13-2015, the Utilization Review modified the requested treatment of Bio-behavioral pain management, for chronic pain to left Shoulder, 10 sessions to Bio-behavioral pain management, for chronic pain to Left Shoulder 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-behavioral pain management, for chronic pain to Left Shoulder, 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Behavioral interventions. 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) recommends 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 for "Bio-behavioral pain management, for chronic pain to Left Shoulder, 10 sessions" was made; UR modified the request to allow for 4 sessions with the following rationale provided for its

decision: "A peer discussion was achieved with review of [REDACTED] above behavioral report. [REDACTED] states there has been no prior behavioral intervention. The patient is in current physical therapy... Noting the psychological report findings of chronic pain and severe functional limitations and major depression and anxiety, a trial of four psychotherapy sessions is supported. The documentation and detailed functional improvements are needed to support for such treatments." 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 provided medical records support the medical necessity of the request for psychological treatment for this patient at this time. However, the quantity of sessions being requested is not consistent with current industrial guidelines. Both the MTUS and the official disability guidelines state that an initial brief treatment trial should be utilized at the onset of a new course of psychological treatment. The MTUS guidelines recommend an initial brief treatment trial consisting of 3 to 4 sessions whereas the official disability guidelines suggest a similar trial consisting of 4 to 6 sessions maximum. This request for 10 sessions exceeds the recommended duration and quantity of brief treatment trial. The purpose of the initial brief treatment trial is to ensure that the patient is benefiting from treatment prior to authorizing a full course of psychological treatment. This way, a modification of the treatment plan can be enacted if the patient is not responding. Additional sessions are contingent upon the establishment of medical necessity including documentation of patient benefit objectively measured functional indices of improvement. The reason stated above the request for 10 sessions exceeds the recommended guidelines, is not medically necessary, and the modification offered by utilization of to allow for four sessions is upheld. This is not to say that the patient does not, or does, require psychological treatment only that the medical necessity of this request was not established by the provided documentation due to excessive quantity and not following industrial guidelines protocol for an initial treatment trial.