

Case Number:	CM15-0179540		
Date Assigned:	09/21/2015	Date of Injury:	12/19/2007
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/11/2015

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 is a 50 year old female with a date of injury on 12-19-2007. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, single episode, moderate, cervical radiculopathy, lumbar radiculopathy and shoulder impingement. According to the preliminary psychological evaluation dated 6-22-2015, the injured worker complained of neck pain, shoulder pain, low back pain, left hip pain and pain in her hands and feet. She reported feeling depressed almost every day. She had problems with concentration and thinking and reduced energy. She reported being withdrawn and isolated from her family. The injured worker was administered the Beck Depression Inventory II; she obtained a score of 27-63 (moderate range). She was also administered the Beck Anxiety Inventory; she obtained a score of 33-63 (severe range). Treatment has included medications. The request for authorization dated 7-31-2015 was for psycho-diagnostic testing and 4 cognitive behavioral psychotherapy sessions; with evidence of with functional improvement another 10 sessions over 10 weeks. The original Utilization Review (UR) (4-18-2015) modified a request for 4 cognitive behavioral psychotherapy sessions, (with functional improvement another 10 sessions over 10 weeks) to 4 cognitive behavioral psychotherapy sessions. Utilization Review non-certified a request for psycho-diagnostic testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 cognitive behavioral therapy sessions, (with functional improvement another 10 sessions over 10 weeks): 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): Behavioral interventions, Psychological treatment.

Decision rationale: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update. 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 4 cognitive behavioral therapy sessions, (with functional improvement another 10 sessions over 10 weeks); the request was modified by UR to allow for the initial 4 sessions and non-certified the request for 10 sessions with the following provided comments: an initial Trial of cognitive behavioral psychotherapy is indicated to address the patient psychological issues stemming from her chronic pain complaints. Additional treatment cannot be supported without evidence of objective functional improvements during the initial trial. This IMR will address a request to overturn the utilization review decision. The medical necessity of the requested treatment is not established by the provided documentation. Psychological treatment has been established as an appropriate treatment for this patient, however the request itself is not consistent with industrial guidelines protocol. An initial brief treatment trial consisting of 3 to 4 sessions per MTUS is recommended, additional sessions can be authorized upon completion of the initial brief treatment trial with documentation of patient benefit including objectively measured functional improvement. The official disability guidelines

allow for 13 to 20 visits maximum for most patients. After completion of the initial treatment trial documentation of patient benefit needs to be submitted, this request appears to be an attempt to bypass that step in the process. For this reason the medical necessity the request is not established and utilization review decision is upheld. Therefore, the request is not medically necessary.

1 psychodiagnostic testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. A request was made for one psychodiagnostic testing; the request was noncertified by utilization review which provided the following rationale for its decision: "there is no medical reason for the patient undergo separate psychological testing is a part of standard psychological treatment. Medical records indicate that the requested psychodiagnostic testing is to be performed as a separate service every 3 months and is to include the Beck Depression Inventory and Beck Anxiety Inventory. While the patient should undergo such psychological testing is a part of psychotherapy sessions and follow-up visits, including the certified course of psychotherapy discussed above, the medical records do not contain any findings are rationale that would prevent (sic) such testing being performed as a separate and separately billable service." This IMR will address a request to overturn the utilization review decision. Decision: The medical necessity of the requested procedure not established by the provided documentation. The ongoing assessment of patient progress during the course of psychological treatment is an important component of establishing ongoing medical necessity for treatment as well as adjusting the treatment methodology to reflect patient needs and identify continued areas of difficulty. However, this is considered to be a routine in standard part of the normal psychological treatment process rather than a separate intervention technique. The process and course of individual psychotherapy allows for ample time to discuss patient issues and progress as well as continued symptomology. Standardized assessment tools such as the Beck depression

and anxiety inventory can be an important part of that assessment process, but are brief paper and pencil self administered questionnaires that can be easily completed independently by the patient and rapidly reviewed in session as a part of the treatment session itself. Therefore, the medical necessity the request is not established and utilization review decision is upheld. Therefore, the request is not medically necessary.