

Case Number:	CM15-0061095		
Date Assigned:	04/07/2015	Date of Injury:	10/31/2007
Decision Date:	05/06/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/31/2015

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 60-year-old male with an industrial injury dated October 31, 2007. The injured worker diagnoses include status post removal of right L5-S1 non-segmental instrumentation, depression, lumbar stenosis, chronic intractable pain, severe lumbar facet arthropathy, bilateral knee degenerative joint disease, lumbar disc degeneration, right radiculopathy, bilateral shoulder impingement syndrome, bilateral greater trochanter bursitis, pseudarthrosis, status post left knee arthroscopy and status post L5-S1 discectomy and fusion. Treatment consisted of diagnostic studies, prescribed medications, pain management and periodic follow up visits. According to the treating physician report dated 2/16/2015, the treating physician reported chronic lumbar post laminectomy syndrome with refractory low back pain and lower extremity pain. Objective findings revealed obesity, scar on lumbar spine and antalgic gait with use of cane for ambulation. The treating physician noted that the injured worker was horribly depressed with recommendation to be seen by clinical pain psychologist. The injured worker current diagnoses include lumbar spine radiculopathy and lumbar failed back syndrome. The treating physician prescribed services for Individual psychotherapy sessions, 6-10 visits over 5-6 weeks and Initial trial of 3-4 psychotherapy visits over 2 weeks now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions, 6-10 visits over 5-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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 Page(s): 101-102: 23-24. Decision based on Non-MTUS Citation 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 progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: according to the provided medical records, a request was made for individual psychotherapy sessions, 6 to 10 visits over a 5 to 6 week period. The request was non-certified by utilization review with a modification to allow for one session. The provided rationale by utilization review was stated as: "In as much as the industrial criteria for medical (psychiatric) necessity are satisfied I am recommending partial certification for a one session psychological evaluation at this time. The request for follow-up psychotherapy should be resubmitted as a new request following completion of a psychological evaluation in the submission of a comprehensive report of the evaluation with a diagnosis and proposed treatment plan." The MTUS guidelines specifically state that an initial treatment session consisting of 3 to 4 sessions needs to be completed prior to the authorization of additional sessions. The official disability guidelines suggest that patients can have a treatment course consisting of 13 to 20 sessions maximum for most patients contingent upon the patient benefit based on prior sessions. There is an additional notation the official disability guidelines allow up to 50 sessions for patients with severe major depression contingent upon the establishment of medical necessity as well as patient benefit from treatment including objectively measured functional improvements. At this juncture because a psychological evaluation has been authorized it would be prudent clinically to wait until the completion of the psychological evaluation which which better dictate

the patient's diagnosis as well as his treatment needs. Therefore, the medical necessity of this request is not established primarily because of this reason but also because the request for additional sessions needs to come after the completion of the initial treatment trial and provided with documentation indicating what has improved or changed based on the initial treatment trial. For this reason, the medical necessity the request is not established in the utilization review finding for non-certification is upheld. This is not to say that the patient does or does not required psychological intervention only that the medical necessity of this particular request was not established.

Initial trial of psychotherapy visits x 3-4 visits over 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

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 Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation 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 progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: according to the provided medical records, a request was made for individual psychotherapy sessions, 6 to 10 visits over a 5 to 6 week period. The request was non-certified by utilization review with a modification to allow for one session. The provided rationale by utilization review was stated as: "In as much as the industrial criteria for medical (psychiatric) necessity are satisfied I am recommending partial certification for a one session psychological evaluation at this time. The request for follow-up psychotherapy should be resubmitted as a new request following completion of a psychological evaluation in the submission of a comprehensive report of the evaluation with a diagnosis and proposed

treatment plan." According to the MTUS guidelines and initial treatment, trial is required in order to authorize continued treatment. The MTUS guidelines for psychological treatment recommend an initial treatment trial consisting of 3 to 4 sessions, based on the outcome of this initial treatment trial if there is evidence of patient benefited in the form of objectively measured functional improvements and otherwise then additional sessions can be authorized. It is necessary to determine whether additional sessions are medically necessary contingent upon the response to the initial treatment trial. This request is for that initial treatment trial of 3 to 4 visits over a two-week period of time. The utilization review denied the request because it would like to have a comprehensive psychological evaluation completed prior to the starting of treatment. While a comprehensive psychological evaluation is not technically necessary according to the MTUS guidelines, it is often a beneficial assessment tool to better clarify the patient's needs. Given that this patient has a long history of delayed recovery despite surgical interventions, a comprehensive psychological evaluation is an appropriate intervention at this juncture prior to the start of the psychological treatment. The psychological evaluation will better clarify what exactly needs to be addressed as well as a diagnosis. It will be also particularly important to have a summary of the patient's prior psychological treatment history including frequency/quantity/duration and especially outcome if the patient has participated in prior psychological treatment. The provided medical records were carefully reviewed and there was not a copy of the psychological evaluation provided consideration. There was very little discussion of the patient's psychological condition in the provided medical records other than a notation indicating significant patient depression with no further detail. It is unclear whether to psychological evaluation that was agreed to by utilization review has been completed or not. At this juncture without the psychological evaluation it would be appropriate to wait until it is completed prior to the starting of treatment. This is not to say that the patient does not need psychological treatment only that the requested procedure is reasonable as proposed by utilization review and therefore the medical necessity of this request is not established in the utilization review determination for non-certification is upheld.