

Case Number:	CM15-0067214		
Date Assigned:	04/14/2015	Date of Injury:	02/15/2012
Decision Date:	05/19/2015	UR Denial Date:	03/08/2015
Priority:	Standard	Application Received:	04/08/2015

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 59 year old female injured worker suffered an industrial injury on 02/15/2012. The diagnoses included depression, anxiety, displacement of the cervical disc, spinal stenosis, brachial neuritis, muscle spasms and chronic pain syndrome. The injured worker had been treated with medications, physical therapy and cervical epidural steroid injections. On 3/11/2015 and 3/13/2015 the treating provider reported neck pain 10/10 and medications reduced this to 7/10. She described the pain constant and burning. The provider noted severe depression. The psychological testing on 11/11/2014 revealed cognitive disorder and major depressive disorder. The treatment plan included Psychological treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

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: Citation Summary: 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: 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 session including objectively measured functional improvement. According to the provided medical records, the patient had a comprehensive psychological re-evaluation on November 11, 2014. She's been diagnosed with Maj. Depression, single episode; anxiety disorder not otherwise specified; rule out sleep disorder due to a medical condition; and cognitive disorder not otherwise specified. The psychological evaluation was conducted by the patient's primary requesting psychologist for the current treatment under consideration. The test results reveal patient with depression and anxiety symptoms and a comprehensive treatment plan was laid out in the report. The patient appears to be "properly identified" per MTUS guidelines and appears to be an appropriate candidate for psychological treatment. A request was made for "Psychological treatment [REDACTED]." The quantity of sessions being requested was non-specified. The request was non-certified by utilization review with the following edited rationale provided there is no evaluation of her current psychological status whatsoever. There is simply a diagnosis of depression and anxiety disorder without reference to what her symptoms are, and what her current affect his, etc." The medical necessity of this requested treatment was not established by the documentation provided for independent medical review. All of the medical records that were provided for consideration were carefully reviewed. The request itself is nonspecific with treatment quantity of sessions. The quantity of sessions being requested is essential in order to establish the medical necessity, or not, of the request. Without the total quantity of sessions, being requested as well as the total quantity of sessions already provided the request cannot be assessed as to whether it conforms to

the MTUS/official disability guidelines. In addition, it appears that from the medical records provided that the patient has already received 11 sessions of psychological treatment. No treatment progress notes from the primary treating and requesting psychologist were provided with regards to prior treatment sessions. Because of this, it is unknown whether or not she is deriving objectively measured functional improvement from her treatment. In addition, there is conflicting information in the medical records as to whether this request is for psychotherapy or for biofeedback. Without additional information, medical necessity the request could not be established. Because the medical necessity of the request could not be established, the utilization review determination is upheld. This is not to say that the patient does not require psychological treatment at this juncture only that the medical necessity of the request as provided for consideration was not established and is not medically necessary.