

Case Number:	CM15-0070089		
Date Assigned:	04/20/2015	Date of Injury:	10/07/2009
Decision Date:	05/18/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/14/2015

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 50-year-old female, who sustained an industrial/work injury on 10/7/09. She reported initial complaints of neck pain. The injured worker was diagnosed as having spondylolisthesis, carpal tunnel syndrome, sprain of wrist, brachial neuritis, lumbosacral neuritis, cervical syndrome, myalgia and myositis, and cervical spondylosis. Treatment to date has included medications, physical therapy, psychotherapy, biofeedback, chiropractic care, acupuncture, surgery (left hand carpal tunnel surgery on 4/15/13 and cervical fusion on 6/12/12). MRI results were reported on 10/9/09, 4/1/11, 6/28/13, and 12/31/13. CT scan results were reported on 3/24/14. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 11/4/09 and 5/13/11. X-Rays results were reported on 3/27/12. Currently, the injured worker complains of neck and arm pain along with headaches. Per the primary physician's progress report (PR-2) on 3/19/15, fusion of the neck would be postponed. The injured worker is s/p scapholunate ligament repair and fixation with pins. The pain is at least a 5/10. Exam of the cervical spine notes positive trigger points, instability, pain with anterior flexion and extension, along with lateral rotation. Sensation is intact except to the right upper extremity in the C7-T1 distribution. There was note of depression and anxiety. The requested treatments include Outpatient Cognitive Bio-Behavioral Therapy. A request was made for outpatient cognitive bio-behavioral therapy 12 sessions for 6 weeks, the request was non-certified by utilization, review provided the following rationale for their decision: "... The submitted documentation does not include any information regarding progress or objective functional improvements because of previous individual psychotherapy (IPT) and biofeedback...

The request for 12 additional sessions of IPT does not meet current guidelines for approval at this time." This IMR will address a request to overturn that decision. Decision: According to the provided medical records, on January 8, 2015 it was reported that she's been under the care of the psychologist for the past year or longer and also previously saw a MFT or LCSW for a year and a half and that she has received both psychotherapy and biofeedback (not every session) and reports that it is been beneficial. It was also noted that she started psychological treatment in August 2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cognitive Bio-Behavioral Therapy 12 sessions for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy guidelines, Mental Illness & Stress Chapter, Cognitive Behavioral Therapy.

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 April 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 co morbid 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. 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 a provided comprehensive psychological report from January 2015, the patient started psychological treatment in August 2011 and has received extensive psychological treatment including psychotherapy and biofeedback from 2 different providers. No medical records were provided regarding her psychological treatment whatsoever, nor was there any clinical information regarding prior psychological treatment from the current treating provider. Establishing medical necessity is contingent upon documentation of prior treatment benefit. This would include objectively measured functional improvement as well as subjective reports of patient changes because of treatment. It is unknown how much treatment the patient has received but it appears that a request for more psychological treatment would exceed the MTUS/ODG guidelines. This request is for 12 sessions is not clear whether this is a request to start a brand-new course of psychological treatment or to restart a continuing one that had been discontinued. If the request is to start a new course of treatment, the MTUS guidelines specifically state that an initial brief course of 3 to 4 sessions is recommended, if this is a continuation of prior ongoing treatment no medical records were provided to substantiate the request. Because medical necessity is not necessary, the utilization review determination for non-certification is upheld.