

Case Number:	CM15-0075908		
Date Assigned:	04/27/2015	Date of Injury:	02/01/2012
Decision Date:	07/16/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/21/2015

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 39 year old female sustained an industrial injury on 2/1/12. She subsequently reported neck and bilateral upper extremity pain. Diagnoses include status post right wrist surgery, cervical spine sprain/ strain and complex regional pain syndrome. Treatments to date include x-ray and MRI testing, surgery, TENS therapy, physical therapy and prescription pain medications. The injured worker continues to have right hand and left upper extremity pain. Upon examination, there is bilateral paraspinous tenderness without muscle spasm over the cervical spine. Twitch response is negative. Cervical spine range of motion is reduced. A request for Individual Psychotherapy 8 sessions every other week for 16 weeks was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 8 sessions every other week for 16 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

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. Pages 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 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 the meta-analysis of 23 trials. A request was made for individual psychotherapy eight sessions every other week for 16 weeks; this request was noncertified by utilization review with modification to allow for three sessions with the remaining five sessions not approved. Was stated as: "this request is medically necessary. The patient has a documented history of depression. The guideline support the use of the requested treatment for the claimant's condition. The identification and reinforcement of coping skills is often more useful in the treatment of pain and ongoing medication or therapy, which could lead to psychological or physical dependence. However, the guidelines recommend an initial treatment trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6-10 visits over 5 to 6 weeks (individual sessions) can be tried. Therefore, the request is modified to individual psychotherapy 3 sessions every other week. This IMR will address a request to overturn the utilization review decision and authorize all eight of the requested sessions. 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 (if any has occurred) including objectively measured functional improvements. This patient's injury dates back to January 2010 with the continuous trauma dates of injury from August 2007 through October 2, 2012. Provided medical records indicate that the patient had a psychological evaluation on March 6, 2015 it was diagnosed with major depressive disorder, single episode, moderate and included a request for the psychological treatment under consideration here. The provided medical records do not mention or include any psychological treatment progress notes,

the psychological evaluation that was referred to is not included for consideration. It could not be determined whether or not the patient has received already psychological treatment. The utilization review decision for modification of the requested session quantity reflects the need for an initial treatment trial consisting of 3 to 4 visits at the onset of a new course of psychological treatment. The initial treatment trial is described by the MTUS as a way to determine patient's responsiveness to treatment. Additional sessions can be offered subsequent to the completion of the initial brief treatment trial with documentation of patient benefited including objectively measured functional improvement. Because this request for 8 sessions is not consistent with the MTUS guidelines for an initial brief treatment trial, the medical necessity the request is not established on that basis. Therefore, the utilization review determination is upheld and is not medically necessary.