

Case Number:	CM15-0090578		
Date Assigned:	05/14/2015	Date of Injury:	08/10/2010
Decision Date:	06/16/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/11/2015

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:

The injured worker is a 62 year old female who sustained a work related injury August 10, 2010. Past history included lumbar spine surgery April 2011 and February 2012, and a redo laminectomy, one level with facetectomy and foraminotomies bilateral 9/9/2014. According to a treating physician's progress report, dated March 31, 2015, the injured worker presented with some low back pain and right leg pain at night, rated 5/10. Assessment is documented as lumbar spinal stenosis; lumbar spondylolisthesis; lumbar radiculopathy. According to a behavioral medicine report, dated April 21, 2015, the injured worker has completed 6/6 sessions, making good progress improving mood and increasing socialization. Her affect is bright and she reports an increase in activity. At issue, is a request for pain management counseling.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management counseling, once weekly, low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent medical Examinations and Consultations, page 127.

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 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. A request was made for "pain management counseling, once weekly, low back" the request was non-certified by utilization review. This IMR will address a request to overturn that decision. According to a primary treating physician progress note from December 12, 2014 under the category of psychiatric symptoms there is a notation that quote denies depression, anxiety, insomnia, mood disorder." According to a PR-2 progress note from the patient's primary treating physician from December 23, 2014 Under the category of general appearance there is a notation that she appears to be in "mild distress and depressed." There is a diagnosis of "psych disturbance due to orthopedic conditions." According to a behavioral medicine report from the patient's primary treating psychological therapist April 7, 2015 the patient was authorized for 6 sessions and has completed 4 of them (although this does not appear to be a cumulative total but rather a tracking of how many sessions per authorization of venues) it is noted that the patient has been "increasing outings and reducing social isolation and is crying less often now and beginning to look for opportunities to be useful for others in small ways." According to a similar note from April 21, 2015 session number 6 of 6 patients is reported to "have made very good progress in improving mood and increasing socialization. Her affect is noticeably brighter and she reports increased activity, including meaningful activity." 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. The medical necessity of this requested treatment could not be established for the following reasons: the quantity of sessions being requested is not specifically stated on the application for independent medical review. It is not known how the sessions are being requested. Although there is one indication of the medical records that this might be for 6 additional sessions it is not entirely clear. All requests for psychological treatment at the independent medical review level must contain a specific

quantity of sessions being requested. In addition, the total quantity of sessions provided to date since the time of her injury is also unknown this number is needed in order to determine whether additional sessions are consistent with MTUS/official disability guidelines. Because the session quantity being requested is not known and because the total quantity of sessions already received is not known could not be determine definitively whether or not this request is appropriate per guidelines. For this reason the request is not medically necessary and could not be established and therefore the utilization review determination is upheld.