

Case Number:	CM15-0092569		
Date Assigned:	05/19/2015	Date of Injury:	01/24/2009
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/13/2015

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 42-year-old female, who sustained an industrial injury on 1/24/2009. Diagnoses include status post right shoulder arthroscopy with persistent adhesive capsulitis and myofascial pain, status post right elbow lateral release with persistent myofascial pain, right wrist sprain/strain, cervical brachial myofascial pain syndrome and chronic pain syndrome. Treatment to date has included acupuncture, chiropractic, physical therapy and medications including Tramadol and Pamelor. Per the Primary Treating Physician's Progress Report dated 4/10/2015, the injured worker reported pain in the right upper extremity rated as 8/10 with and without medication. Physical examination revealed decreased range of motion. The plan of care included medication management, pain management consultation and follow-up and cognitive behavioral therapy and authorization was requested for 4 cognitive behavioral therapy follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy follow-up office visits 4 services: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment.

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. A request was made for cognitive behavioral therapy 4 follow-up office visits; the request was non-certified by utilization review. Initially the request was made in conjunction with a request for a psychological evaluation and while the psychological evaluation was approved, it appears that the psychological sessions were not approved pending the recommendations of the initial psychological evaluation. It is not clear if the psychological evaluation has been completed but it does not appear that it was included in the medical records provided for consideration for this review. While in general it would be appropriate to conduct the comprehensive psychological evaluation to better inform the nature of the requested psychological treatment for some reason this appears to have been held up. A 2nd request for the psychological treatment was made in April 2015 by the primary treating physician to: "Help the patient to learn more effective pain coping techniques and address multiple factors for delayed recovery (insomnia, fear of re-injury, anxiety). A comprehensive psychological evaluation is not required prior to the start of cognitive behavioral therapy as long as the patient has been properly identified as someone who would be likely to benefit from treatment and while it is preferable to have the completed evaluation, because it appears to be creating a prolonged delay in the start of her psychological care, at this juncture it would be appropriate to begin the requested psychological treatment. Therefore the medical necessity the request appears to be appropriate and necessary and therefore the utilization review determination is medically necessary.