

Case Number:	CM15-0092898		
Date Assigned:	05/19/2015	Date of Injury:	07/13/2009
Decision Date:	06/24/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/14/2015

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 56 year old female, who sustained an industrial injury on 7/13/2009. The current diagnoses are cervical radiculitis, chronic pain, lumbar radiculopathy, right carpal tunnel syndrome, bilateral elbow pain, left shoulder pain, osteoarthritis of the left shoulder, and bursitis of the left shoulder. According to the progress report dated 4/7/2015, the injured worker complains of neck pain with radiation down bilateral upper extremities, low back pain with radiation down the bilateral lower extremities, upper extremity pain, and head pain. She notes her pain has worsened since her last visit. The pain is rated 4/10 with medications and 8/10 without. The physical examination of the cervical spine reveals tenderness to palpation over the bilateral paravertebral C4-7 area, myofascial trigger points with twitch response in the left rhomboids muscles, and painful and restricted range of motion. Examination of the lumbar spine reveals tenderness to palpation in the bilateral paravertebral L4-S1 area, myofascial trigger points with twitch response in the paraspinal muscles bilaterally, painful and restricted range of motion, decreased sensitivity to touch along the L4-5 dermatome in the right lower extremity, and decreased strength in the right lower extremity. Examination of the upper extremity reveals tenderness to palpation over the left posterior shoulder, bilateral elbows, right wrist, and right hand. Range of motion of the left shoulder is moderately decreased with popping sound. The current medications are Gabapentin, Hydrocodone/APAP, Lidoderm patch, and Tizanidine. Treatment to date has included medication management, MRI studies, physical therapy (moderate improvement), acupuncture (helpful), and electrodiagnostic testing. The plan of care includes 6 cognitive behavioral psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavioral Psychotherapy For 6 Visits As Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com, Official Disabilities Guidelines, <http://odg-twc.com/odgtwc/formulary.htm>, www.drugs.com.

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 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 6 cognitive behavioral psychotherapy visits as an outpatient, the request was noncertified by utilization review with the following provided rationale: "Submitted with this request is a PR-2 form dated February 12, 2015. The form provides no updated treatment plan and no goals. It does say that the claimants condition is chronic and can never be cured, and services are requested to prevent deterioration. The aforementioned medications Prozac 20 mg, trazodone 150, and Vistaril 25 are requested as CBT and authorization for a med consult. A peer-to-peer was attempted with [REDACTED] ... No return phone call has been received therefore there is insufficient medical information to support the requested services..." This IMR will address a request to overturn that 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. All of the provided medical records were carefully reviewed for this IMR. The provided medical records consisted of only 26 pages. There was no treatment progress notes from prior psychological treatment. Is not clear what psychological symptoms the patient is suffering from if any. There is no discussion of it psychological treatment plan and is no indication of how much treatment she is already received, if any. There is insufficient documentation (essentially no psychological documentation) to support the request for psychological treatment. This is not to say that the patient does, or does not require psychological treatment only that there was no documentation provided to substantiate the request. Copies of prior psychological evaluations, if any, are needed in order to establish a basis for this treatment. Also needed is the total quantity and duration of prior treatment if any has been held. Finally it is also needed to know if she has had prior treatment whether or not there was objectively measured functional benefit from those sessions. Because none of this information was provided the medical necessity is not established and therefore the utilization review determination is upheld.