

Case Number:	CM15-0092977		
Date Assigned:	05/20/2015	Date of Injury:	05/06/2014
Decision Date:	06/19/2015	UR Denial Date:	05/05/2015
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 63 year old male, who sustained an industrial injury on 5/6/2014. He reported right shoulder, low back and bilateral lower extremity pain after digging and shoveling for 3.5 hours. The injured worker was diagnosed as having history of heart issues, pacemaker implant, hypertension; lumbar disc disorder with radiculitis, low back pain, shoulder pain, radicular syndrome of upper limbs, and facet arthropathy/syndrome. Treatment to date has included physical therapy (5 sessions noted to have aggravated his symptoms), magnetic resonance imaging, and CT scans. The request is for 6 psychological counseling sessions. On 12/8/2014, he is reported as having trouble with sleep, appetite, energy and anodynia. On 3/31/2015, he is reported to have a PHQ-9 score of 21 previous and now is 27. On 4/28/2015, complained of continued back pain with radiation to the bilateral lower extremities down, right greater than left with associated tingling and numbness of all toes, and weakness. He reported having to increase his medications to attain pain relief. He reported feelings of depression and sadness. Gabapentin was found helpful short term. He reported worsening pain, and having a hard time walking up to 2 blocks, and inability to stand or sit for long periods of time; and worsening neck and low back, and upper extremity pain. The treatment plan included: Hydrocodone/APAP, home exercise program, epidural steroid injections, psychiatry consultation, and psychotherapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Counseling Sessions 6 x wk x 1 wk: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 psychological counseling sessions one time a week for 6 weeks for a total of 6 sessions, the request was non-certified by utilization review which provided the following rationale: "There is no indication that the claimant has undergone a comprehensive psychological evaluation. Without further clear and detailed information, the medical necessity of the request is not established." According to a request for reconsideration of the treatment denial from June 2, 2015 the patient reports worsening pain with decreased impact from medications and his daughter "expresses that her father is very depressed lately and feel sad about not being able to work and spends a lot of time stressing over things and thinking about his pain a lot, a psychiatric evaluation was requested but also denied... " The chronicity and severity of his condition has slid them into dysfunctional and depression. His PHQ-9 on February was 28. "He is validating several neurovegetative signs and symptoms of depression including hopelessness, lack of interest, sleep and appetite suppression and needs cognitive behavioral therapy sessions to address this." According to the MTUS guidelines with regards to psychological evaluations it is stated that: "Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist

and the patient. Careful selection is needed." The guidelines for starting a course of cognitive behavioral therapy for pain do not specifically require the completion of a psychological evaluation in all cases. According to the MTUS, "psychological treatment is recommended for appropriately identified patients during treatment for chronic pain." In this case, his daughter as having depression as well as his primary treating physician who requested this treatment has identified the patient. Although a comprehensive psychological evaluation is important assessment tool and as the utilization review determination notes would be inappropriate intervention in order to clarify the patient's diagnosis and treatment issues, the patient's treatment can begin prior to the completion of the comprehensive psychological evaluation. This is not of course clinically ideal but because of the inherent delay that has occurred in starting the patient's treatment it is appropriate to begin without further delay. Therefore the medical necessity the request having been established adequately as medically necessary is approved and the utilization review determination for non-certification is overturned.