

Case Number:	CM15-0093102		
Date Assigned:	05/19/2015	Date of Injury:	05/30/2011
Decision Date:	06/23/2015	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:

This is a 48 year old female with a May 30, 2011 date of injury. A progress note dated April 16, 2015 documents subjective findings (low mood and continuing high pain; pain medications recently reduced), objective findings (psychological testing revealing suicidal ideations, "Some, but no plan"; difficulty concentrating; impaired sleep; overall score of 43 on the Beck Depression Inventory, one point higher than one month ago), and current diagnoses (major depression; generalized anxiety; chronic pain/chronic regional pain syndrome). Treatments to date have included medications and psychotherapy. The treating physician documented a plan of care that included eight additional visits at once per month for stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 8 visits at once per month for stabilization: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological intervention for chronic pain Page(s): 101-102.

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. Decision: A request was made for an additional 8 visits one time per month for stabilization. According to a treatment progress note from her psychiatrist, it was stated that: "especially in light of the difficulty this patient has had finding a medication that is tolerable for her depression and anxiety, I feel it is even more imperative that she be restarted in cognitive behavioral therapy with [REDACTED]." According to a primary treating psychology progress note from February 6, 2015 the patient continues to experience severe pain depression and anxiety and having a difficult time accepting her diagnosis of RSD and adjusting to the understanding that she may not improve physically. She is reported as sad most of the time due to pain and difficulty in doing things she used to enjoy and finding difficulty with most activities of daily living including dressing showering etc. The total quantity of sessions at the patient has received to date was not clearly stated the medical records provided for consideration. There is documentation from November 18, 2013 that the patient began to receive psychological treatment, however it is possible that she received psychological treatment prior to this date. A treatment progress note from March 13, 2015 indicates that the patient has been provided session number 4/6 visits of cognitive behavioral therapy that a been authorized however this does not appear to be a cumulative total. According to a psychiatric progress note from her primary treating psychiatrist from April 16, 2015 the patient has been able to reduce her pain medication use (Norco) From 4 to 5 pills a day down to 2 but her mood is depressed and she was tearful during the session. She is presenting with "severe depression". In this case, the patient appears to be continuing to struggle with significant psychological and psychiatric symptomology that requires psychological/psychiatric treatment. It was not possible to determine from the provided medical records how many sessions she has received to date. It does however not appear that she has received an inordinate amount of therapy although this could not be determined definitively. The utilization review report suggested only 8 sessions however this appears to be somewhat of an underestimation. The utilization review report was

accurate in its statement that there has not a preponderance of evidence of objectively measured functional improvement. However there has been recent reduction by over 50% in use of opiate medication. Because the patient presents with severe major depression as evidenced by repute scores on the Beck Depression Inventory, as well as psychiatric progress notes, the patient appears to be eligible for an extended course of psychological treatment. The utilization review determination used the guidelines from the MTUS specifying a maximum of 6 to 10 sessions of cognitive behavioral therapy. The official disability guidelines (ODG) do allow for extended psychological treatment in certain cases. A typical course of psychological treatment would consist of 13 to 20 sessions maximum according to the ODG with an exception allowing up to 50 sessions maximum in cases of severe major depression or PTSD. This however is in conjunction with documentation of patient benefit from treatment which in this case is somewhat lacking. It is the overall impression of this IMR that additional psychological treatment is medically indicated for this patient at this time despite some of the limitations of her treatment she does appear to be making some mild progress. It should be noted that any additional requests for psychological treatment must contain clearly documented patient benefit and progress from treatment as well as establishing the medical necessity. Because the medical appropriateness of this request appears to be evidenced by the provided medical records, the request to overturn the utilization review determination for non-certification is approved for 6 additional sessions of psychotherapy. The request IS medically necessary.