

Case Number:	CM15-0094156		
Date Assigned:	05/20/2015	Date of Injury:	06/29/2006
Decision Date:	06/25/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/15/2015

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 58-year-old female who sustained an industrial injury on 6/29/06. The injured worker was diagnosed as having lumbar spine strain, cervical spine herniated nucleus pulposus and thoracic spine strain. Currently, the injured worker was with complaints of pain in the spine. Previous treatments included medication management, extracorporeal shockwave treatment, physical therapy and injections. Physical examination was notable for decreased range of motion and spasms. The plan of care was for behavioral pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio Behavioral pain management due to pain, depression or anxiety: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 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. 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. Decision: A request was made for bio behavioral pain management due to pain, depression or anxiety. The request was noncertified by utilization review with the following provided rationale: "it is acknowledged that the patient reports feeling depressed. However, this feeling alone would not constitute referral to a psychiatrist. The medical records do not clearly evaluate and document the patient's presenting complaint, prior medical or psychiatric illness, or any immediate safety concerns. The patient does not appear to have any significant psychopathology or serious medical require this type of referral." This IMR will address a request to overturn the decision by utilization review to non- certify the requested treatment. According to a formal pain evaluation report, from the patient's primary treating physician (December 2014), the patient is reporting significant symptoms as a result of his chronic pain condition including the following: anxiety, overall mood, depression, irritability, and anxiety/worried about performing activities as they might increase pain. All of these were rated at a level of 7 on a scale of 1 to 10 where 10 is the worst. According to a preliminary psychological evaluation from 11/5/14, The patient was diagnosed with the following: major depressive disorder, single episode, moderate; pain disorder associated with both psychological factors and a general medical condition. The provided medical records do, in contrast to the utilization review determination, properly identified this patient is someone who is experiencing significant psychological distress and may benefit from psychological treatment. The appropriateness of the treatment has been established by a comprehensive psychological evaluation as well as indications from the patient's primary treating physician. However, this particular request cannot be approved as it is written. The reason is that the request itself is unspecified and lacks clarity of what is being requested. The request for "bio behavioral pain management" does not contain a specific amount of detail with regards to session quantity being requested. According to the official disability guidelines for cognitive behavioral therapy an initial course of psychological treatment should be brief and consist of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG). Additional sessions typically 13 to 20 can be offered contingent upon completion of the initial treatment trial. This case there is no specific request for a quantity of sessions. Because there is no request for specific quantity the request is assumed to be for unlimited therapy for which the medical necessity is not established. In addition, it is not entirely clear if this is a request for treatment by a psychologist or a psychiatrist. Without further clarification as to what is being requested, the request is not medically necessary and therefore the utilization review determination is upheld based solely on this factor.