

Case Number:	CM15-0094412		
Date Assigned:	05/21/2015	Date of Injury:	07/15/2010
Decision Date:	06/24/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/18/2015

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 male, who sustained an industrial/work injury on 7/15/10. He reported initial complaints of pain with head injuries. The injured worker was diagnosed as having closed head injury, post concussive syndrome, cognitive and post-traumatic stress disorder, prior back injury with spinal cord stimulator implant, and prior major depression. Treatment to date has included medication, acupuncture, biofeedback, massage therapy, psychotherapy sessions, and botox injections for migraine. CT scan of face/cranium results were reported on 7/15/10 were normal. X-Rays results were reported on 7/15/10 reveal prior surgeries and no acute changes. Cervical x-rays were normal on 9/27/10. Currently, the injured worker complains of chronic pain. Per the primary physician's progress report (PR-2) on 4/28/15, the injured worker remained compliant with regimen and practiced relaxation techniques. Overall, psychological status was stable. There was alternation of physical activities with resting activities. The requested treatments include cognitive behavioral evaluation and management x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral evaluation and management x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation and treatment, Pages 100 -103.

Decision rationale: According to the MTUS, psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. 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. Psychometrics can be part of the physical examination, but in many instances, this requires more time than it may be allocated to the examination. In addition, it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence, a battery from which the appropriate test can be selected is useful. In addition, according to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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 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. A request was made for "cognitive behavioral evaluation management x6" the request was not non-certified by utilization review with the following rationale: "12 more psychotherapy sessions (were recommended) 2 years ago and it appears that recommendation has been exceeded. Furthermore, there is no clinical data indicating functional benefit from treatment in the past 2 years. Industrial criteria for medical (psychiatric) necessity are not satisfied." 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. The requested procedure is not medically necessary per the provided documentation. A treatment progress note from April 28, 2015 was provided from the patient's primary treating psychologist. The progress note does not include any statement with regards to the total quantity of treatment the patient has received already to date. In addition, although there are some treatment goals mentioned, there is no indication provided of when these goals would be accomplished for treatment plan that would lead the patient towards independent psychological functioning. Behavioral interventions noted

include things such as the patient keeping his schedule filled with activities and engaging in nutritional and health related activities as well as making up a to do list of activities that need to be completed and "practicing relaxation techniques that he has been taught as a part of his care in this office." It appears based on this medical record that the patient has accomplished the treatment goals set in front of him and it is not clear what additional gains could be made from further treatment. In addition, it appears very likely, although this could not be confirmed, that the patient has already exceeded the maximum treatment guidelines for session quantity and duration. Current treatment guidelines recommend (official disability guidelines) a typical course of psychological treatment consisting of 13 to 20 sessions. There is an exception that is made for some patients with very severe cases of major depressive disorder or PTSD, The patient does not appear to be qualified for the extended course of treatment based on his current diagnoses: "Posttraumatic Stress Disorder, Resolving and Prior Major Depression." For these reasons the request is not medically necessary and the utilization review determination for non-certification is upheld.