

Case Number:	CM15-0095328		
Date Assigned:	05/21/2015	Date of Injury:	06/01/2012
Decision Date:	06/29/2015	UR Denial Date:	05/05/2015
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 48-year-old female, who sustained an industrial injury on 6/1/2012. She reported low back pain, dislocated finger, arm pain, cracked teeth and left knee pain after a motor vehicle accident. The injured worker was diagnosed as having cervical and lumbar myofascial pain, cervical degenerative joint disease, intervertebral disc disease, left shoulder degenerative joint disease, impingement/internal derangement of left knee, and gastroesophageal reflux disease, post-traumatic stress disorder of chronic nature, stressors from the injury and financial concerns. Treatment to date has included medications, urine drug screening, and psychological evaluation. The request is for 4 psychotherapy sessions. On 1/27/2015, a QME report indicated she might deteriorate psychologically if her medical condition deteriorates. On 4/22/2015, she received psychological evaluation. The treatment plan included relaxation training, cognitive training, and behavioral techniques, stress management. She reported her current pain level to be 8/10. She reported hot throbbing pain in the left knee, and shooting pain from the neck into the left arm and across both shoulders. She also reported pain from the mid to low back. She is currently taking Norco, Tramadol, Psychobenzadine, Gabapentin, and Protonix. She reported being a surgical candidate for her knee. Mental status examination revealed an intact judgment and insight, mood and affect within normal limits. She reported finding herself feeling sad and blue much of the time, and is easily agitated. She also reported gaining 35 pounds since her injury, feeling worse emotionally, and having low energy levels. She indicated getting 3 hours of uninterrupted sleep and taking naps in the afternoon each day. The treatment plan included psychotherapy sessions, and 6-month pool membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy 2 x per week x 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

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 individual psychotherapy 2 times per week for 3 weeks; the request was modified by utilization review to allow for 4 sessions with 2 of the sessions non-certified. The rationale provided for the utilization review modified decision was stated as the following: the guidelines indicate initially, up to 4 sessions are recommended to enable the provider to assess patient compliance and functional progress and address further treatment needs. The current request for 6 sessions exceeds guideline recommendations for the initial course of psychological treatment which recommends up to 4 sessions initially. This IMR will address a request to overturn the utilization review decision. The MTUS guidelines recommend an initial brief treatment trial at the onset of a new course of psychological treatment. The reason for the initial brief treatment trial is to determine whether the patient is responsive to the treatment. After completion of the initial brief treatment, trial protocol additional treatment sessions can be offered contingent upon documentation of patient benefit from the treatment. In this case, it is appropriate to offer the patient a treatment trial consisting of 3 to 4 sessions, per MTUS guidelines, and the request for 6 sessions is slightly excessive of that recommendation. Therefore, the utilization review determination is not medically necessary.