

Case Number:	CM15-0096084		
Date Assigned:	05/26/2015	Date of Injury:	11/21/2013
Decision Date:	06/25/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/19/2015

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 65-year-old male, who sustained an industrial injury on 11/21/13. He reported initial complaints of finger amputation/ crush type injury. The injured worker was diagnosed as having post-traumatic Stress Disorder (PTSD); complex regional pain syndrome right fingers/hand; right arm injury/elbow; Reflex Sympathetic Dystrophy lower limb; Depression related to chronic illness. Treatment to date has included physical therapy; TENS unit; exercise program; massage; trigger point injection; psychotherapy without noted change in condition; status post neuroma excision surgery to right hand (9/11/2014); medications. Currently, the PR-2 notes dated 3/18/15 indicated the injured worker had additional surgery on 9/11/14 which consisted of right long finger ray amputation stump neuroma excision which is reportedly of no benefit despite 18 post-operative hand therapy treatments into December 2014. The documentation notes he has some benefit from supportive psychotherapy visits ending around 9/30/14 but reported a significant wave of recurrent depression that probably began 3 weeks ago beginning in this month of March 2015. The hand surgeon advised the injured worker will need additional surgery approximately one year later in February-March of 2016. The injured worker complains of no progression/worsening of left hand osteoarthritis in the wake of his industrial injury and associated treatment to date. The provider has requested Psychology sessions, 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology sessions, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Psychotherapy guidelines.

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 12 psychology sessions; the request was non-certified by utilization review of the following rationale: "there is limited information regarding the last date of service and the claimant specific response to include sustained improvement. In fact, the medical report indicates that the claimant has received prior psychotherapy without noted changes in the condition. Furthermore, the submitted report dated 03/18/15 is an interdisciplinary evaluation and the provider is requesting interdisciplinary pain management program as noted in the treatment. There is no evidence and clear rationale why a separate psychological treatment is being requested." This IMR will address a request to overturn the utilization review 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. According to a QME report from 3/23/15 the patient has "received some benefit supportive psychotherapy visits with [REDACTED], Probably attending 9/30/14; but also reporting a significant ongoing wave of recurrent depression that probably began 3 weeks ago beginning in this month of March 2015. He will undergo a psychiatric AME on 4/27/15." Psychiatric diagnostic impressions include the following: Post-Traumatic Stress Disorder and Depression

Related to Chronic Illness. A March 18, 2015 evaluation for the HELP program clarified these diagnoses slightly with the following: "mild depression; elements of post-traumatic stress disorder." There are a few mentions of his psychological treatment in this evaluation, for example: June 18, 2014 the patient has quite flagrant symptoms of PTSD. The patient reports that (his psychologist) would like to begin ongoing treatment for this condition. In addition, on August 8, 2014 patient has been seen by (psychologist) and feels that visit for PTSD was helpful. In this report yet another psychiatric diagnostic picture was presented: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, Chronic; Major Depressive Disorder, Single Episode, Mild without Psychotic Features; Sleep Disorder Due To Chronic Pain, Insomnia Type. All of the provided medical records were carefully considered for this IMR, the medical records reviewed consisted of nearly 200 pages, no progress notes from the patient's providing psychologist were found amongst the medical records provided for consideration. The medical records taken as a whole do reflect that the patient has apparently participated in 12 sessions of psychological treatment and that there was some benefit to them however, these mentions of his psychological treatment were extraordinarily brief typically just one sentence with no further detail. In the absence of any significant documentation regarding his psychological treatment, the medical necessity of this request was not established. It does appear that the patient might benefit from further psychological treatment and has not yet received the maximum amount of sessions that he would be eligible for but because this could not be established definitively due to an absence of psychological treatment progress notes including a discussion of the patient's benefit from treatment, the total quantity of sessions at the patient has received to date, specific treatment plan was stated goals and estimated dates of accomplishment etc. there was no way to assess the impact, if any of the patient's prior psychological treatment on him. For this reason the medical necessity of the request was not established in the utilization review determination for non-certification is upheld.