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| Case Number: | CM14-0033695 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 07/22/2009 |
| Decision Date: | 09/02/2015 | UR Denial Date: | 03/06/2014 |
| Priority: | Standard | Application Received: | 03/18/2014 |

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 52 year old female, who sustained an industrial injury on 7-22-09. Initial complaints were not reviewed. The injured worker was diagnosed as having severe right ulnar nerve trauma at right wrist; mild bilateral carpal tunnel syndrome; CRPS Type 1 (RSD) right hand-arm; chronic insomnia and depression; chronic myofascial pain syndrome cervical spine. Treatment to date has included; medications. Currently, the PR-2 notes dated 2-21-14 indicated the injured worker returns for a follow-up evaluation. She complains of frequent pain and numbness in her right hand and arm as well as pain and numbness in the left hand. She reports her symptoms have been getting worse due to overuse. She continues to have headaches, neck and shoulder pain. She remains depressed and anxious and rated her depression as 7 out of 10. She feels her current pain and discomfort is moderately impacting her general activity and enjoyment of life including her ability to concentrate and interact with other people. She has problems sleeping due to the pain and discomfort. She is not working at this time. The provider documents his objective findings as noting she appears very depressed. The range of motion of the cervical spine was slightly restricted in all planes. There were multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator, and scapulae, scalene, infraspinatus muscles on the right side as well as the interscapular muscles. Spurling's and neck compression test were both positive Waddell signs were negative. Sensation to fine touch and pinprick was decreased in the lateral aspect of the right arm as well as in the 3rd, 4th and 5th digits of the right hand. There was a marked deformity of the right 4th and 5th digits due to the severe ulnar neuropathy. There is marked atrophy of the right FDI muscle and mild

atrophy of the bilateral thenar muscles noted. She could not make a grip with the right hand and could not fully extend the digits of the right hand. There was no movement upon flexion and extension of the right little finger. There was diffuse tenderness of the left wrist upon palpation and the ranges of motion of the left wrist were moderately decreased in all directions. There was no swelling of the left wrist noted on this visit. Sensation to fine touch and pinprick was decreased in the 1st and 2nd and 5th digits of the left hand. Grip strength of the left hand is noted as decreased at 4 over 5. On this date, the provider recommended an orthopedic consult for her worsening left hand symptoms. He discontinued the Tramadol Extended Release and dispensed Cyclobenzaprine, Tramadol 37.5-325mg and Mirtazapine 15mg. The provider is requesting authorization of 6 Cognitive Behavioral Group Psychotherapy, once a week for 6 weeks for the management of symptoms related to the right hand/wrist and cervical spine, as an outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavioral Group Psychotherapy, once a week for 6 weeks for the management of symptoms related to the right hand/wrist and cervical spine, as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines 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 Official Disability Guidelines (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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for 6 cognitive behavioral group psychotherapy sessions to be held one time a week for 6 weeks the management of symptoms related to the right hand and wrist as well as cervical spine as outpatient. Request was not approved by utilization review provided the following rationale for its decision: "it was reported in the submitted progress report that symptoms were improved with "medication and group psychotherapy" the medication was not reported. Psychotherapy history was not reported. The improvement was not quantified with respect to number of sessions were treatment plan." The most recent treatment progress note that was provided for consideration for this IMR dated January 13, 2014 notes that the patient is participating in psychological treatment and "she reports improved mood and sleep with medication and group psychotherapy." This further noted that sleep is still problematic with frequent awakening due to pain and headaches as well as discouragement about her physical condition and worry about the future with heart palpitations and out of fearfulness and facial flushing. She is reported to continue to be sad and anxious in mood and apprehensive body tension a poor concentration. Continued treatment is requested for symptoms of depression and anxiety. 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 including objectively measured functional improvements. The medical necessity the requested treatment was not established by the provided documentation the documents that were provided were insufficient in discussing the patient's clinical psychological treatment history in terms of progress and quantity of sessions she has received. This information is needed in order to determine whether the patient has exceeded the total quantity of sessions of the for diagnosis by industrial guidelines as well as determining whether or not she has been benefiting sufficiently from the provided treatment in order to do recommend you care. The provided medical records consisted of approximately 45 pages were a couple of psychological treatment progress notes that did not contain sufficient information regarding an active treatment plan for the patient is evolving with the treatment. Although some treatment goals were listed they appear 6th without change from month-to-month and do not appear to reflect patient improvement in response to treatment. This is not to say that the patient does not require additional psychological treatment or is not been responding to psychological treatment that has been provided, only that the documentation was insufficient and inadequate addressing these matters for this reason the medical necessity of this request is not established utilization review decision is upheld.