

Case Number:	CM14-0003950		
Date Assigned:	01/15/2014	Date of Injury:	10/03/2010
Decision Date:	12/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/09/2014

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. The expert reviewer is Licensed in Psychology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Based on the records as they were provided for this IMR, this patient is a 48 year old male who reported an industrial injury that occurred on October 3, 2010. The injury reportedly occurred during his work duties for [REDACTED] when he was assaulted (hit in the face 7-8 times) and sustained injury to his cervical, thoracic and lumbar spine and sustained what was described as a whiplash injury. He is status post anterior cervical discectomy and fusion on November 7, 2012. Following the surgery he continued to report residual low back pain and left leg pain with difficulty in ambulation. This IMR will evaluate the patient's psychological symptoms as they pertain to the requested treatment. Three hundred and seventy pages of medical documents were submitted for the review, however they consisted almost entirely of insurance communications. No psychological reports were found, no psychological session progress notes were found, and there were no documentation communication from the primary treating psychologist regarding his psychological symptomology or regarding prior treatments was found. The following information was taken directly from various UR documents. The patient has the following psychological diagnoses: Posttraumatic Stress Disorder; Major Depression; Pain Disorder; Sleep Disorder, Insomnia and Partner Relational Problems. He reports symptoms of depression, anxiety, crying spells, sleep disturbance, panic attacks, night terrors, and feelings of isolation due to chronic pain. The patient appears to have started psychological treatment in July 2013 and has participated in a psychological evaluation and 4 sessions of cognitive behavioral therapy held between 7/8/and 9/21 2013. As a result of these sessions the patient reported "beginning to challenge his physical limits placed on him due to pain and successfully using relaxation training techniques at home to cope with pain and anxiety." A request was made for 6 additional sessions of cognitive behavioral therapy, the request was noncertified by utilization review with the statement that

there was a lack of evidence demonstrating objective functional improvement from the prior completed sessions. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update

Decision rationale: 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 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 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. With respect to the current requested treatment of 6 cognitive behavioral therapy sessions, the documentation that was provided for this review was insufficient in substantiating the medical necessity of the requested treatment. No communication from the patient's treating psychologist/therapist was included. It appears the patient had an initial treatment trial of 4 sessions of therapy, however the progress session treatment notes from those 4 sessions were not found in the records provided. There is reference to the made in the utilization review determination for non-certification stating that they did not reflect adequate objective functional improvements that resulted from the initial treatment trial. In contrast, there was a note included in a treatment denial for a functional restoration program that indicated some degree of improvement from the initial 4 sessions. But because the actual treatment notes were not found after a careful review of all of the documents, it was not possible to assess whether or not the patient derived benefit from the initial treatment trial. According to the MTUS/ODG treatment guidelines, after an initial treatment trial of 3 to 4 sessions additional sessions up to a maximum of 13-20 can be authorized contingent upon the patient making progress as a result of the treatment and documentation of objective functional improvements. In this case, the criteria for objective functional improvements was not met and because the medical necessity of the request was not established the utilization determination of not medically necessary is upheld.