

Case Number:	CM14-0109791		
Date Assigned:	08/01/2014	Date of Injury:	01/08/2007
Decision Date:	11/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 Board Certified 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 provided records, this patient is a 51-year-old female who reported a work-related injury that occurred on January 8, 2007 while she was working for [REDACTED]. She is diagnosed with: cervical disc disorder with myelopathy cervical region; unspecified myalgia and myositis; neck strain and sprain. The mechanism of injury was not reported. She has participated in acupuncture to decrease her neck and shoulder pain and reports benefit from the sessions. She continues to have spasms in the paraspinal and trapezius muscles bilaterally worse on the right side and the left and range of motion is limited in the right shoulder. The treatment note from February 2014 states that the neck pain decreased from 3/10 to 1/10 and she displays guarding of the cervical musculature cervical range of motion remains within normal limits and all cervical orthopedic tests were now within normal limits. There is a note with regards to her being prescribed unspecified opiate medication. The request for one psychological evaluation and four sessions of cognitive behavioral therapy was stated with the following rationale: "this patient's recovery is clearly delayed; a chronic pain syndrome is present. There was no documentation of current psychological symptomology. There is an additional note stating that the requisition for a psychological evaluation and cognitive behavioral therapy is not intended to promote the opening of a psychiatric injury claim or to promote the existence of a psychiatric injury claim authority present..." A treating physician's progress report from June 20, 2014 states that "the patient previously attended cognitive behavioral therapy treatment with [REDACTED] in 2010 which was helpful for assisting the patient in returning to work. Recommend additional four sessions of cognitive behavioral therapy to improve pain coping skills." There was no discussion about what pain coping skills need improvement. There was no rationale provided for why a cognitive behavioral therapy evaluation request was being made. A request for a cognitive behavioral therapy evaluation was made and not approved by the patient's medical insurance.

The utilization review rationale for non-certification was stated that it appears that the patient has had prior psychological treatment in 2009 but there was no documentation with regards to that prior treatment in terms of objective functional improvements that were derived from it and that current documentation does not document any significant functional deficits or subjective complaints that would suggest that the patient is in need of a cognitive behavioral evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT (Cognitive Behavior Therapy) evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluatio Page(s): 100-101.

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. The documentation that was provided for this requested psychological evaluation is insufficient to warrant authorization of the request. The patient has already participated in psychological treatment and there were no details provided with regards to whether or not she had a psychological evaluation at that time, and how long the treatment that she had was, and there was no indication of current psychological symptomology that would warrant a need for a psychological evaluation at this time other than the statement that the patient is having delayed recovery which inevitably was true when she had her first psychological treatment. There is a statement that there is a hope that additional treatment would increase her pain coping skills but there was no explanation of how her current coping skills are limited in a manner that might benefit from additional psychological intervention of above and beyond what she has already received. Without even a rudimentary discussion of this information medical necessity cannot be established for the requested evaluation.

CBT (Cognitive Behavior Therapy) treatment, QTY: 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, Page(s): 23-24.

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 recommend consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines allow somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually complex and severe cases of Major Depression (severe intensity) and/or PTSD up to 50 sessions if progress is being made. Although the MTUS guidelines do recommend the use of psychological treatment for appropriately identify patients during treatment of chronic pain, as was stated above this patient has not been appropriately identified by the documentation provided. Without sufficient documentation with regards to prior treatments and establishing the medical necessity of additional sessions with at least rudimentary information regarding the patient's current psychological status in prior diagnoses there is insufficient evidence of the need for treatment at this time. The statements that were provided were too vague, for example: "the patient has delayed recovery" or "to improve coping skills" do not convey enough unique information that would support a second course of psychological treatment, especially when the details of the prior course were not provided. Therefore the request is not medically necessary.