

Case Number:	CM14-0127289		
Date Assigned:	08/15/2014	Date of Injury:	11/22/2010
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 Clinical 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:

According to the records provided for this independent medical review, this patient is a 53-year-old male who reported an industrial/occupational injury on November 22, 2010. No details were provided with respect to the how the injury occurred. He has been diagnosed with: Major Depression, Single Episode, without Psychotic Features; and Chronic Pain Syndrome Associated with Both Psychological Factors and a General Medical Condition. He reports constant stabbing and burning sensations right-sided lower back pain radiating down to the right lower extremity to the ankle. He is being treated with the antidepressant Cymbalta and has medical diagnosis of complex regional pain syndrome type II of the right lower extremity; status post tibial fractures with repair and open reduction internal fixation of the distal tibia and subsequent hardware removal. The report stated that as a result of the program he also benefited significantly with improved activities of daily living and self-care management and decreased his opiate as well as non-opiate medications. He reports being worried about his family and ability to work and provide for them there are intimacy issues with his wife and fear that she may abandon him sexual intimacy frequency decreased and he finds it difficult to assist with housekeeping duties patient is tearful and worries and anxious and has difficulty sleeping. A recommendation for 10 sessions of therapy for the treatment of mood disorder was made in December 2012 but it is unclear if he completed them. A request was made for pain psychology evaluation and six sessions of cognitive behavioral therapy. The treating physician made the request stated that the patient did complete a 36 hour functional restoration program and improved his tolerance to stand and walk as a result of the treatment but continues to have low back pain and right lower limb pain. He also notes that he is not a candidate for future surgical intervention and that the request for evaluation and treatment with the psychologist is for cognitive behavioral therapy designed to decrease pain non-pharmacological and non-interventional methods. The request was

not approved; utilization review rationale for non-certification of this request was stated as the patient had already participated in the functional restoration program treatment and the reasoning for additional treatment following it was not provided. This independent review 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:

Pain psychology evaluation and six (6) sessions cognitive behavioral therapy with [REDACTED]
[REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence citations for pain psychology evaluation/treatment Title 8 Industrial relations Division 1. Department of Industrial relations Chapter 4.5, Division of worker's compensation Subchapter 1. Administrative Director-Administrative rules.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): Page 23 to 24;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

Decision rationale: A thorough and comprehensive review was conducted of this patient's medical records as they were provided for this independent review. Significant and adequate documentation of the medical necessity of the requested treatment was found. Utilization review rationale for non-certification was at the patient had already had a functional restoration treatment program and that there was not adequate documentation of the reasons why additional treatment would be necessary. However it was found that the patient made significant gains in functional capacity in terms of activities of daily living and overall level of functioning as a result of that treatment program. Unfortunately, the request for 6 additional sessions of psychotherapy was combined in this IRM request with a second request that is for a psychological evaluation. There was no justification for this treatment modality in the records that were provided. An independent medical review is different than a utilization review in that the IMR cannot be modified in any way and must be taken as an all-or-none decision. The chart was carefully reviewed and no prior psychological evaluation were found in it. However, it seems like one was done prior to his functional restoration program in order to justify it, or perhaps one was done during the treatment program itself. This makes the decision very challenging. However, the evidence supporting the need for ongoing continued psychological treatment is sufficient to outweigh this issue. According to the ODG guidelines for psychotherapy patients may have a total of 13 to 20 visits maximum as long as progress is being made. Patients with severe or very complex symptoms as in severe major depression may be offered up to 50 sessions if progress is being made. Progress is typically defined as objective functional improvement. Objective functional improvement is defined as a rate reduction in work restrictions, if appropriate, or an improvement in activities of daily living and a reduction on dependency on future medical treatments. It does not appear that he has had a maximum of 20 visits. The patient's depression was labeled as severe originally but was reduced to moderate

based on treatment outcome. Furthermore, there is any indication in the official disability guidelines or MTUS that having participated in a functional restoration program is sufficient reason to disqualify the utilization of outpatient treatment so long as medical necessity has been established to follow up with the gains that he has made. The finding of this IMR is that medical necessity has been established and the request is medically necessary.