

Case Number:	CM14-0140759		
Date Assigned:	09/10/2014	Date of Injury:	11/26/2012
Decision Date:	12/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	08/29/2014

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:

According to the records as they were provided for this IMR, this 41 year old female patient who reported a work-related injury that occurred on November 26, 2012 during the course of her employment for [REDACTED]. At that time she was working in the shipping and receiving of the manufacturing department when she slipped on and fell on the floor resulting in acute severe low back pain. Chiropractic, physical therapy and epidural steroid injections did not result in long-term benefits. A lumbar MRI showed L4-L5 disc bulge with nerve root impingement and L5 S1 annular disc bulge. She reports continued low back pain that radiates into her right groin, the pain is described as constant with numbness and tingling radiating to her thigh and right dorsal aspect of her foot. This IMR will address psychological/psychiatric symptomology as it relates to the current requested treatment. A primary physician treatment note from March 2014 states patient complains of anxiety and depression but denies hallucinations and suicidal thoughts. She reports depression and difficulty coping with chronic pain, difficulty with prolonged sitting greater than 30 minutes or standing greater than 15 to 20 minutes. She's been diagnosed with chronic pain syndrome, and reactive depression. She reports depression secondary to her pain. She states that "I was made to feel so bad by my employer that I can think about is how mistreated I was and how depressed I am." She reports relationship and financial distress. Report significant symptoms of anxiety secondary to pain and regarding worries about her situation and functional limitations and ability to return to work and fear of pain worsening in the future. She has been diagnosed with the following psychological disorders: Major Depressive Disorder, Recurrent, Anxiety Disorder Not Otherwise Specified; Pain Disorder Associated with Both a General Medical Condition and Psychological Factors. The patient was approved for an 80 hour functional restoration program in March 2014. As best as could be determined she appears to have had the initial evaluation for the FRP but was

not able to participate in the program stating that the drive from her home was too far and painful, but stated that she should be able to start the program in May 2014. A note from June 2014 states that she does not feel able to attend the functional restoration program and is not able to return to her previous work duties which involve heavy lifting and bending due to continued low back pain radiating down her right lower extremity. A primary treating physician progress note from August 6, 2014 indicates a pending psychological/psychiatric QME, this was not provided for consideration for this IMR. A request was made for 12 follow-up visits with the psychologist, the request was made at the same time as a request for a psychological consultation/evaluation the request was for the evaluation was certified but the follow-up visits was not certified; the utilization review rationale for non-certification was stated that "follow-up visits are not indicated at this time, pending the recommendations from the psychologist in order to assess the claimant's needs." This IMR will address a request to overturn the UR decision for non-certification of the follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve follow-up visits with the psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy, psychological treatment Page(s): 101-102. 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 California Medical Treatment Utilization Schedule (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 recurrent request for psychological treatment, the medical records provided do reflect that the patient, based on her psychiatric/psychological symptomology, and delayed recovery, appears to be a candidate for psychological treatment. She was approved for a functional restoration program but was unable to participate in it given the distance from her home and levels of pain and difficulties with transportation. However, the current requested treatment is not in compliance with treatment recommendation guidelines as stated above. Both the MTUS and official disability guidelines specify that an initial brief treatment trial needs to be conducted consisting of 3 to 4 sessions to determine whether or not the patient is benefiting from the treatment sufficiently to warrant continued psychological care. That the provider should evaluate symptom improvement during the process to ensure that

treatment failures can be identified early an alternative treatment strategies pursued if appropriate. Given that the patient has already received chiropractic, physical therapy, and conventional medical care with minimal benefit, the need to assess response to psychological treatment will be especially important. Offering 12 sessions at the outset of treatment ignores the protocol for an initial treatment trial consisting of 3-4 sessions. Because the requested treatment exceeds quantity and ignores treatment recommended protocols the medical necessity of the request is not established. Because medical necessity was not established for the this request, it does not appear medically necessary and appropriate.