

Case Number:	CM14-0169173		
Date Assigned:	10/17/2014	Date of Injury:	10/11/2012
Decision Date:	11/19/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/14/2014

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:

According to the records provided for this IMR, this patient is a 57 year-old male who reported an industrial injury on October 11, 2012. On the date of injury he twisted his low back and fell while picking up a box while working in custodial maintenance. He was helping a teacher to load boxes off the pallet when he reached down to grab a box and stretch his left foot and bend it in trying to open the door and said that his foot slid out. He noted that he heard a pop any immediate pain in his low back. There are prior work injuries that occurred in the 1980s, and again in 2010. He has non-industrial smoking caused COPD. Currently he reports constant low back pain radiating into both legs. He has change in sex function and impairment in ability to travel, engage in social and recreational activities and concentration, he reports a severe amount of stress and anxiety. As of October 2013 an additional surgery was being requested and psychological clearance prior to the surgery. In April 2013 the results of a pre-surgical neuropsychological assessment were found that he had several factors that would negatively influence the outcome of the surgery including: elevated levels of stress, anxiety, depression, and that he did not have significant internal resources to control his pain or desire or means to stop smoking." He walks in a bent 20 angle fixed position. A partial list of his medical diagnoses include: low back pain with L5 radiculopathy and junctional breakdown status post lumbar fusion, multiple intestinal and pulmonary complaints. A June 8, 2014 request for psychological treatment mentions a diagnosis of depression, the request for treatment was approved. But, the subsequent note suggests that perhaps the sessions were not utilized at that time. A July 2, 2014 note states that the patient expressed feelings of anger, depression, and anxiety. And that his mood has decreased since the time of an initial evaluation that occurred April 10, 2013. He also expressed suicidal and homicidal ideation but denied plan and intention. It is stated that the patient is in need of additional support and would benefit from individual psychotherapy to help

with coping skills. If he were to have any surgery in the future, it would be recommended that he get support and therapy as soon as possible in order to help them develop better coping skills prior to surgery." Mood was reported as "not well" affect was labile, he was often angry as well as tearful at times during the session. Recommendation: "that the patient see a psychologist as soon as possible to manage his mood symptoms including suicidal and homicidal ideation. That his mood symptoms appear to be industrial related to his having great difficulty managing his chronic pain, his mental status is altered relative to the chronic pain and the depression and anxiety is a huge concern. Is recommend that he have a therapist in place prior to any surgery and he can get support and help through the process." There is a second notation under treatment plan that the patient is having difficulty understanding some of the reasons for a hold on surgery. It is the providers understanding the issue is due to infections and need to have his health problems cleared up before surgery can be attempted. He also is requesting to get a second opinion. A note from July 21, 2014 also states that he is been approved to see a psychologist, but it is unclear if this occurred. This IMR will address a request to overturn the UR determination of non-certification for 5 sessions of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 Psychotherapy 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 Part Two, Behavioral Interventions, Psychological Treatment . See Also, Cognitive Behavioral The. Decision based on Non-MTUS Citation (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, June 2014 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 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 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 allow a more extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually extreme and cases of Major Depression (severe) and/or PTSD up to 50 sessions if progress is being made. With regards to this patient, there was insufficient documentation provided with the request for an IMR to overturn the UR decision. Missing were any progress notes from the psychologist from prior treatment sessions, if any occurred. It is clear that prior sessions of psychological treatment have

been approved, but it is unclear if the patient actually participated in psychological treatment and if so how many sessions and was there any objective functional improvements resulting from. There are multiple references made to his having been approved for psychological treatment, but without further details. A review of the medical record reveals a patient who is being considered for possible surgery and it is perhaps being partially being delayed due to psychological issues. There was enough documentation of current need for psychological treatment as being reasonable and medically necessary. However, without any documentation provided from the treating psychologist with respect to prior treatment, or at least a clear statement that he is not had any, it is not possible to offer additional sessions, or an initial course of treatment. The guidelines for psychological treatment stated above mentioned that after an initial trial of 3 to 4 psychotherapy visits are completed to see if the patient responds positively with objective functional improvements, additional sessions can be offered 13-20 as long as progress is being made. If the patient has already had some psychological treatment, then documentation of objective functional improvements and the results of the treatment were missing, if this is in fact a request for a new course of psychological treatment then that needs to be made clear because the medical records suggest that some treatment has already been offered. Without this information, the medical appropriateness of additional, or initial, sessions cannot be determined, the medical necessity of the request is not established, and the request to overturn the utilization review denial cannot be approved. Therefore this request is not medically necessary.