

Case Number:	CM14-0169209		
Date Assigned:	10/17/2014	Date of Injury:	05/12/2007
Decision Date:	11/19/2014	UR Denial Date:	10/02/2014
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 licensed 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 IMR, this patient is a 34 year old female who reported an industrial related injury that occurred on May 12, 2007. The mechanism of injury was provided. She reports pain in her back below the waist that radiates to the bottom of the foot and it feels like needles and burning, she also has severe spasm. Medically, a partial list of her diagnoses include: "lumbar degenerative disc disease with right lower extremity radicular pain; failed spinal cord stimulator; sleep apnea without full workup for treatment; medical comorbidities, disabled" this IMR will focus on her psychological symptoms and treatment as they pertain to the request under consideration. Treatment progress notes from the patient's primary treating psychologist spanned a period of time from December 19, 2012 through September 4, 2014. Psychologically, she has been diagnosed with Pain Disorder Associated with Psychological Factors and a General Medical Condition. The treatment plan from July 2014 states the following: "stress management principles, coping skills and strategies, employing relaxation techniques. Cognitive behavioral therapy a minimum of eight sessions for the next two months. Progress note from July 2014 from primary treating psychologist states: "patient dealing effectively with concept of chronic pain, realizes the condition is likely for life, concerned about her future." Progress note from October 2014 states: "patient is very depressed secondary to living with constant pain and dysfunction and has depressed mood, anxiety, insomnia, and chronic pain as well as a low psychological tolerance." She has been prescribed and is taking Prozac for depression and Cymbalta at bedtime both of which she reports are helping. A note from her primary treating psychologist from April 25, 2014 states: "that she suffers from severe chronic pain, depression, anxiety, and insomnia. Initially, (she) was distressed and had suicidal ideation when she began treatment but after two months of treatment she displayed her for signs of hopefulness" (no dates provided). "Following a four hour surgery with complications (no date

provided) she became more depressed secondary to loss of independence, increased pain, increased physical dysfunction and lack of restorative sleep. Her depression, anxiety, and hopelessness were severe and returned. She became distraught when she needed a cane to walk and became more irritable and angry as her condition worsened and her medical treatment was unsuccessful. Treatment progress was listed as: "helping her to learn to respond rather than react to stressors in life, better able to face her physical limitations and consider possible options. Also she does not experience suicidal ideation, has learned coping skills and strategies for stress management, relaxation techniques, has tools to decrease her pain, lost approximately 50 pounds since treatment began and is nearing the state of self-acceptance. Treatment has included training in visualization, positive self-talk, deep breathing techniques, thought stopping techniques, self-nurturing exercises, social skill building, parenting skills, techniques for responding versus reacting, coping skills and strategies. Anger management and antidepressant medication monitoring. Continued goals are to decrease depression, learn to control negative thoughts and anxieties, monitor hopelessness and suicidal symptoms while reducing the frequency. The note concludes by stating that when her emotional health stabilizes (no estimated date provided) she likely need fewer sessions of therapy per month and at that time would begin decreasing her dependency on treatment, but that currently she continues to need weekly treatment to avoid psychologically spiraling out of control." A request was submitted for 8 additional cognitive behavioral therapy sessions, the request was non-certified. The utilization review rationale for non-certification states that: "the patient has had psychotherapy/cognitive behavioral therapy from the provider for at least three years. Perusal of medical records fails to identify any quantifiable objective functional improvement due to this prolonged course of treatment." This independent medical 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:

8 Cognitive behavioral therapy session: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Psychological Treatment Page. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, 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 respect to this patient, the medical records to reflect the patient appears to have made significant progress in treatment. The progress listed is extensive, although no dates were provided for when they occurred so it was not possible to determine whether or not she has plateaued in her treatment or not. Continued psychological care is contingent not only upon patient psychological symptomology but also upon objective functional improvements. The improvements that were mentioned were descriptively conveyed without any quantifiable/measurable indices. Still, the primary issue with further authorizations is the quantity and duration of the patient's treatment. According to the most generous guidelines stated above that some patients with extreme and severe cases of complex psychopathology can be afforded up to 50 sessions if progress is being made. As best as can be determined, this patient has received psychological treatment at least from December 2012 through September 2014. It is unclear when this course of therapy was initiated; an initial comprehensive psychological evaluation was not provided, if one was conducted. Because the patient has received extended psychological care, that appears to have exceeded MTUS/ODG guidelines, and because the psychological symptomology that she is experiencing appears to be chronic but stable at this time, and that the lack of objective quantifiable and measurable goals with specific dates of accomplishment was not provided (the criteria of objective functional improvement not met), the medically necessary of further psychological treatment is unsubstantiated and the original utilization review decision upheld.