

Case Number:	CM14-0171819		
Date Assigned:	10/23/2014	Date of Injury:	05/17/2012
Decision Date:	11/21/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 43 year-old male who reported an industrial continuous trauma injury to May 8, 2012 lumbar spine during the course of his employment as a checker/clerk for [REDACTED]. A prior minor back injury from 2005 occurred while he was working at Safeway (without settlement or legal action). The current injury is described as low back pain precipitated by repetitive lifting activities with flare-ups of low back pain occurring on multiple dates. He reports ongoing constant right side low back pain. A partial list of his medical diagnoses include chronic right L4-5 radiculopathy; right lower lumbar facet disease; right gluteus medius, quadratus lumborum and paraspinal strain, rule out right sacroiliac (SI) joint dysfunction. This IMR will address his psyche symptoms and prior psychological treatments as they relate to the requested treatment. His primary treating physician noted that he does appear anxious with a mood disturbance and diagnosed him also with depression. He had been taking the medication Cymbalta, but he reported feeling jittery and discontinued the medication, then later realized jitteriness was from an energy drink and may have been restarted at a lower dose. A psychiatric consultation from December 2013 stated no evidence for temporary total disability on a psychiatric basis and the patient was determined to be permanent and stationary from a psychiatric perspective with 85% of his psychiatric problems attributable to industrial causation with a recommendation for trial of psychotherapy. The symptoms of anxiety and depression are pre-existing but were exacerbated by this industrial injury. It appears that psychological treatment did not commence until 10 months later when a comprehensive psychological consultation and intake was performed in September 2014. The patient at that time reported symptoms of depression, anger, irritability, sleep disturbance, concentration difficulties, feelings of worthlessness and hopelessness and suicidal ideation in the past but not currently. He reported feeling fatigued, anxious and having muscle tension nearly

daily with significant chest pressure and dizziness that sometimes leads to physical shaking (some of this may have been attributable to energy drinks which he reports having discontinued). He experiences racing thoughts and difficulty falling asleep with obsessive-compulsive behaviors that do not fully meet the criteria for OCD. He has been diagnosed with Pain Disorder with Psychological Factors and a General Medical Condition; Major Depressive Disorder, recurrent, severe; and Anxiety Disorder Not Otherwise Specified. An initial six sessions of pain psychology was requested in May 2014 the request was partially certified by utilization review to allow for four sessions as an initial treatment trial per MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy times six for pain of the lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

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

Decision rationale: According to the 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 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 (ODG) allow a more extended treatment. According to the ODG, studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines allow up to 13-20 visits over 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. For this patient, it appears that psychological treatment was recommended first in late 2012 but was not able to be started for unknown reasons until recently. If the patient has had prior psychological treatment under this work comp injury, it must be stated clearly with details and duration information. As best as could be determined, this appears to be a request for six sessions of psychotherapy for pain as a start of an initial course of psychological treatment for this patient. This IMR affirms that the patient is an appropriate candidate for psychological treatment and that psychotherapy is medically necessary. However, the issue is one of quantity of sessions. Both the MTUS and ODG state that an initial brief treatment trial should be conducted to determine if the patient is responding favorably. The MTUS, which has primacy, states 3 to 4 sessions whereas the ODG states up to a maximum of six as an initial treatment trial. Once the initial treatment trial is completed, if the patient responds to it with objective functional improvements (to the

extent that would be expected from a short course of treatment), additional sessions up to a maximum of 13-20 may be offered if medically necessary and if the patient is making progress. The utilization review was correct to modify the requested number of sessions from six downwards to four with subsequent sessions to be contingent upon outcome of the initial treatment trial per MTUS protocol. Therefore, the original utilization review determination is upheld and the medical necessity of an initial treatment trial of 6 sessions is not established.