

Case Number:	CM14-0171952		
Date Assigned:	10/23/2014	Date of Injury:	09/17/2010
Decision Date:	11/21/2014	UR Denial Date:	10/02/2014
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 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 that were provided for this independent medical review, this patient is a 52 year-old male who reported an industrial injury that occurred on September 17, 2010. The injury occurred during his normal work duties as a scaffold builder for Vertical Access Inc., which involved heavy physical labor lifting and moving 50-100 pounds of wood up scaffolding. On the date of the injury he stated that after about two hours of heavy work he lowered a piece of wood weighing approximately 80 pounds to the floor when he started to experience severe pain in his back and numbness down his left leg. He reports moderate to severe low back pain with radiation to the left thigh and foot. He is not been able to return to work since the date of injury. Prior treatments have included conventional medical care, no surgical interventions, physical therapy. This IMR will address psychological/psychiatric symptomology and treatments as they pertain to the requested intervention. Psychological difficulties include loss of interest in daily activities, increased stress and anxiety, sleep changes, depression, sexual dysfunction. He has been unable to work since the date of injury resulting in loss of his home and his wife being moved to primary breadwinner status working two jobs. A partial list of his medical diagnoses include: lumbar sprain with clinical left lower extremity radiculopathy; loss of translational motion integrity ATA three levels in the lumbar spine. Psychologically, he's been diagnosed with: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. He was seen most recently on September 23, 2014 with subjective complaints of low back pain, irritability, anger and frustration, nightmares insomnia and moderate depression. It is not clear whether this progress memo is from his primary treating physician or from a mental health provider unspecified. A request was made for 12 cognitive behavioral therapy sessions to be held one time per week. The rationale for the request was stated that: "the patient is experiencing significant psychological distress and that at this point it is strongly recommended

he receives 12 sessions of individual cognitive behavioral psychological treatment to address his problems and help him return to work as soon as possible." The request was not approved. The utilization review determination rationale was stated as: "the request exceeds the guideline recommended number of sessions, and total number of received sessions with objective functional progress has not been reported yet." This IMR 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:

Cognitive behavioral psychological treatments, 1 time per week for 12 weeks: 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 Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, October 2014

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 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: 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. With respect to this patient, psychological treatment is medically indicated. The patient had a comprehensive psychiatric evaluation that consisted of over 90 pages and he has been very carefully evaluated. The conclusion of that lengthy psychiatric evaluation is at the patient would benefit from both psychiatric and psychological treatment. That evaluation took place in March 2014; however it is not clear whether or not the patient did in fact receive any treatment. As best as could be determined the patient did not subsequently start psychological treatment for his chronic pain and the resultant psychological symptoms that have occurred as a result his occupational injury. However, it is possible that he did in fact start

treatment and that no notes were provided. As is stated above, the guidelines for a brief initial course of treatment recommend that 3 to 4 sessions be given and that additional sessions may be warranted and medically necessary if the patient responds positively to the initial brief treatment trial. Because it is not clear whether or not any treatment has occurred, the assumption is that he is not had this initial brief treatment trial yet. Because this request is for 12 sessions it exceeds the recommended protocol for initiation of psychological treatment. If the patient has been engaging in psychological treatment, then there were no progress notes or reports provided to substantiate whether or not the patient has been improving as a result of that treatment and if so how many sessions he has had, if any. Due to a lack of information and potential excessive request in terms of quantity, the medical necessity of this request is not supported with the caveat that psychological care for this injured worker would be appropriate if it follows the above stated guidelines. Because the medical necessity is not been established, the request to overturn the utilization review decision is not approved.