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| Case Number: | CM14-0178967 | | |
| Date Assigned: | 11/03/2014 | Date of Injury: | 11/16/2011 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/20/2014 |
| Priority: | Standard | Application Received: | 10/28/2014 |

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 34 year-old male who reported an industrial injury that occurred on November 16, 2011 during the course of his work for [REDACTED]. The mechanism of injury was non-specified. He is status post a 2 level spinal fusion, and a decompression surgery. He has been diagnosed with failed back syndrome. In July 2014, there was a revision posterior fusion L4-S1 with revision of instrumentation, decompression at the site. Additional complications arose from surgery and his industrial injury that include lung problems, incontinence and stomach pain/gastrointestinal (G.I). disorder. He reports extreme pain in his left leg with neuropathy and weakness on the left side. This IMR will focus on his psychological symptoms as they relate to the recurrent requested treatment. That was conducted at the initial onset of psychological treatment was not provided. There was no clear diagnostic statement for this patient's mental illnesses that was included in the records provided although there are references to depression and anxiety by the primary treating physician. A treatment update from May 2014 from his primary treating psychologist suggests the provider was acting as an advocate for the patient in navigating the worker's compensation system, as this was becoming a source of great agitation for the patient. It also mentions that the patient was "in a depression and has significant suicidal ideation, feels very down." That they "discussed significant issues that he can work with and how to manage the depression and the pain more effectively including the concept of pacing himself and allowing his body to recover from activities that he does attempt." Another similar update note from June 2014 states that "he is significantly depressed and there is significant medical issues pending and that the patient considers his treatment essential." Another note from August 2014 states that the psychologist has been treating the patient every other week (this was the only discussion of treatment frequency provided) and that he is having severe problems breathing, which created anxiety to

the point where he's afraid to go to bed. He is also having anger related to his condition. A final psychological progress update from October 2014 notes "significant levels of depression, anxiety, sleep difficulties, and fatigue." According to his treatment provider, there is "profound suicidal ideation" and loss of libido. According to the utilization review determination of non-certification, the patient has had a reported 32 psychotherapy sessions since October 2013. There was no discussion of psychiatric medications and it's unclear if he was tried on any. There are no records from a primary treating psychiatrist or indication that one is being worked with in an active manner. A request was made for 6 additional sessions of cognitive behavioral therapy to be held over 12 week period, the request was non-certified; 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:

Additional 6 sessions of cognitive behavioral therapy (CBT) over 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, November 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 recommended consists 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 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. 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. In consideration of the request for 6 additional psychological treatment sessions, the medical necessity of continued treatment has not been substantiated sufficiently by the documentation that was provided. There was no indication of the total duration and quantity of psychological treatment provided. There was no discussion of specifically measured objective functional improvements that were derived from the prior psychological treatments. Approximately 4 psychological treatment notes provided, it was unclear how many sessions the progress note covered. No individual treatment session notes were provided. None of the summary treatment progress notes mentioned session quantity except in terms relating to current authorizations making it impossible to determine or even estimate how much treatment this patient has already had. The utilization review determination for non-certification indicates treatment may have started sometime in October 2013 it appears to run

currently through September 2014 suggesting nearly a year of psychological treatment. According to the above stated guidelines, this would exceed the most generous recommended number of sessions for most patients. Although there was mention that the patient feels the treatment is helping him and was described as "essential" there was no objective measures of improvement provided nor were there even any detailed descriptions other than vague sentences referring to improvement. Continued authorization for psychological treatment is contingent upon: patient symptomology, duration and quantity of treatment conforming to the MTUS/ODG guidelines, and objective functional improvements. Because medical necessity of continued treatment was not established, the utilization review non-certification determination is upheld.