

Case Number:	CM14-0042662		
Date Assigned:	06/30/2014	Date of Injury:	09/19/2012
Decision Date:	11/20/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/09/2014

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 42-year-old male reported an industrial injury that occurred on September 19, 2012. The injury reportedly occurred while working on a compression machine when he slipped on fiberglass, fell to the floor and felt an immediate pulling sensation in his lower back. He attempted to continue to work for 30 minutes but was unable to. A partial list of his medical diagnoses include: Headaches, Inguinal Pain Left Side Improved, Low Back Pain, Lumbar Disc Displacement without Myelopathy per MRI, Lumbar Spine Radiculopathy. He currently reports burning, radiating low back pain and muscle spasms that is described as constant, and moderate to severe. There is radiating pain down to the lower extremities bilaterally that impacts his movement and activities of daily living including getting dressed and performing personal hygiene. This IMR will be focused on his psychological symptoms/treatment. He reports difficulty falling asleep and staying asleep and sexual functioning, dizziness, headaches, anxiety/depression due to pain and loss of work. Additional psychological symptoms include: emotional upset, frustration. The patient had a psychological pain evaluation on February 27, 2014. He was diagnosed with the following psychological disorders: Depressive Disorder Not Otherwise Specified; Adjustment Disorder with Mixed Emotional Features; Anxiety Disorder Not Otherwise Specified; Pain and Sleep Disorder Associated with Psychological Factors and General Medical Condition. The patient started psychological treatment after the evaluation and a progress note from March 6, 2014 noted that treatment focused upon coping with chronic pain, depression and anxiety. The treatment plan was for relaxation exercises, thought stopping techniques, depression and anxiety management. Biofeedback treatment included EMG, SCL, and temperature as guidelines. Treatment progress note from the following week added the following plans: sensory distraction techniques, guided imagery and visualization and cognitive restructuring. Biofeedback data indicates appropriate

physiological changes pre-to post-treatment. The patient's depressive and anxiety symptoms were reported to show some improvement and were listed as milder, transient, and more manageable than previously per patient report. Progress note from April 2014 notes that the anxiety symptoms became worse than depression symptoms and that he has been making some progress in independent practice of relaxation skills including cognitive behavioral techniques and pacing of physical activity to better manage pain levels and minimize exacerbations as well as using diaphragmatic breathing. Mood is more manageable but continues to be problematic. Additional treatment is being requested to help him cope better with his mood and control pain as well as continuing to work on various coping skills to manage negative moods and anxiety. The total number of sessions that the patient has had appears have received 10 session. The request was made for an additional 10 sessions of bio-behavioral pain management to occur over a 5 to 6 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:

Bio-behavioral pain management 10 treatments over 5-6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological treatment Page(s): 23,101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Part Two, 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 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 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, the request for 10 additional sessions would still fall within the recommended treatment guidelines per the ODG, although it exceeds the maximum for the MTUS. Progress notes were found that show progress in decreased symptomology and the patient's ability to use therapeutic interventions taught in treatment to his benefit better cope with pain and psychological symptoms. Objective functional improvements is defined as improved activities of daily living and decreased dependency on future medical as well as a reduction in work restrictions, if applicable; this was only marginally documented. Taken as a whole the progress notes do reflect marginally sufficient improvements to support the medical necessity of 10 additional sessions as reasonable primarily because there was some discussion that he is making progress using the techniques independently of treatment. With these additional 10 sessions he will have reached the maximum allowed for most patients at an estimated 20 total sessions. The request is medically necessary.