

Case Number:	CM14-0099237		
Date Assigned:	07/28/2014	Date of Injury:	02/06/2011
Decision Date:	11/20/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/27/2014

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 that were provided for this IMR, this patient is a 31 year-old male who reported an industrial injury that occurred on February 6, 2011. The injury occurred during his employment for [REDACTED] as a loss prevention supervisor when he was searching an area and slipped on a plastic sign, fell down a set of stairs hitting his head and losing consciousness. When he regained consciousness he noted immediate and intense pain was taken by ambulance to the ER and has not returned back to work. Medically a partial list of his diagnoses includes: status post lumbar fusion, cervical myoligamentous sprain/strain, anxiety and depression secondary to industrial injury, gastrointestinal secondary to medication. He continues to have migraines, low back pain, neck pain, back spasms and stiff neck; chronic pain syndrome. There are difficulties in performing simple activities for example driving and ambulation and putting on his socks. It was recommended shortly after the injury that he have a spinal surgery and two years later he did, a 3-level spinal fusion. This IMR will focus primarily on his psychological treatment/symptoms as they pertain to the requested intervention. Subsequent to his industrial injury he developed significant symptoms of depression: social withdrawal, weight gain, lack of drive/motivation, sleep disturbance, attention/concentration deficits and hopelessness. He denies suicidal ideation but is experiencing increased anger, agitation and diminished frustration tolerance. He feels like there is "nothing that I can do. I don't go out. I've lost everything." He uses a cane to ambulate at times, but prefers to use walls and furniture to assist in getting around in his home. He has been diagnosed with the following psychological disorders: Major Depressive Disorder, Single Episode, Moderate; Pain Disorder Associated with the General Medical Condition. Cognitive behavioral therapy and stress management were recommended to treat his depression and anxiety focusing on the following goals: decrease depressed/anxious mood and return to effective level of functioning, reduced thoughts of

worthlessness, developing healthier cognitive patterns and more positive beliefs about self in future, better able to cope with feelings of depression/anxiety. He participated in six treatment sessions and a progress note from his fifth session in April 2014 notes that he presents with dysphoric mood and flat affect with slow ambulation and appeared to be in pain throughout the session based on facial grimacing and was wearing a back brace but did not require a cane for movement. He reports continued mild benefit from stress management techniques which have diminished his pain severity associated with headaches. He has been taught new imagery techniques and distraction techniques for back and headache pain as well as how to utilize suggestion to increase placebo effect associated with ingesting medications. He continued to endorse feelings of hopelessness and helplessness and frustration. Additional surgery was being discussed at that time. A treatment summary notes that there have been functional gains with improved sleep hygiene, better able to diminish his headache and anxiety with stress management technique, diminish anger, and depressed mood improved from cognitive behavioral therapy with increased social activity and diminished social withdrawal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 8 sessions every other week for 8 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, (CBT)Cognitive Behavior Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy, Psychological Treatment Page(s): 23-24, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, 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, he is continuing to exhibit significant clinical symptomology of depression and anxiety that warrant additional treatment. The medical necessity of additional treatment has been documented in session notes from the treating psychologist. The session notes also denote the number of sessions that the patient has had, however this appears to be done relative to the authorization rather than a cumulative total - although in this case those appear to be the same. The total number of sessions that the patient has received is essential so that it can be determined whether or not additional sessions fall into the recommended quantity guidelines. In this case it does appear that the patient has had only six sessions. As mentioned above, additional sessions may be offered up to 13-20 sessions according to the ODG guidelines for most patients, and in cases of severe Major Depressive Disorder or PTSD additional sessions up to a maximum of 50 if progress, is being made. This request for 8 additional sessions does not exceed guidelines. It is not clear if he has had prior psychological treatments in the past, this information is important in determining future requests, but there was no indication that he has. There has been significant but small improvements which is what would be expected after only six sessions. These include: decreased symptoms of depression/anxiety, better coping skills, and decreased social isolation/hopelessness. The medical necessity of this request for 8 additional sessions has been established as reasonable and needed, therefore the request is medically necessary.