

Case Number:	CM14-0150205		
Date Assigned:	09/19/2014	Date of Injury:	08/10/2004
Decision Date:	01/15/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/16/2014

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 as they were provided for this IMR, this 45 year old male patient reported a work-related injury that occurred on August 10, 2004. The injury occurred during the course of his normal work duties as a truck driver, loading and unloading the truck lifting up to 100 pounds. On the date of injury he was using a pallet jack when he lost control and fell, he landed backwards with a great deal of force in the sitting position with immediate pain to the low back. He has had multiple surgeries without benefit and reports that the surgeries made him feel worse. He is status post 2 lumbar spine surgeries with fusion and continues to have significant radiculopathy involving the left S1 nerve root and significant weight gain, fatty liver, sleep apnea. Comprehensive evaluation from November 2010 notes that the patient received psychiatric medications but not psychological cognitive behavioral therapy as of the date of the evaluation. A comprehensive psychiatric evaluation was conducted December 2011, and in this report contradicts the prior evaluation and states that he began psychological treatment with Dr. [REDACTED] Ph.D. in November 2009 on a either a weekly or twice a month basis for individual treatment, but despite psychological treatment it was noted that "because of his physical injury he is very depressed, irritable, and withdrawn with poor sleep poor, and sex drive." He was diagnosed with: Depressive Disorder Not Otherwise Specified; Probable Narcotic Pain Medication Dependence Iatrogenic. The duration of this course of psychological treatment is unclear but there is a note from December 1, 2011 that he was still actively engaged in psychological treatment there was a note that several benefits had occurred including improved sleep, weight loss, sex drive, but continued depression and anxiety and anhedonia. In January 2013 his diagnosis was changed to Major Depressive Disorder Moderately Severe, Chronic. The patient's psychological treatment in 2013/2014, if any, is unknown. A request was made for 6 cognitive behavioral therapy sessions for pain management, the request was non-certified;

utilization review determination offered a modification to allow for 3 sessions. This IMR will address a request to overturn that determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy sessions x 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy

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 is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/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. With regards to the current requested treatment, although the patient appears to have received considerable prior psychological treatment, the utilization review determination specifies indicates this request is being considered a new treatment (information regarding treatment in 2013/2014 was not specified, if any) course and therefore needs to follow the MTUS guidelines which specifically state that initially, a brief course of treatment consisting of 3 to 4 sessions should be offered as a treatment trial to determine patient's response. Additional sessions being authorized contingent upon medical necessity and the patient having made objective functional improvements. Although there were extensive mentions of prior treatment episodes psychologically, there was no detailed progress notes/reports from his prior psychological treatment provided nor was there any specific detailed documentation that the patient has benefited from prior psychological treatment provided for this review. No specific treatment plan was provided for this request, nor was there a detailed list of treatment goals with of expected dates when treatment goals could be realistically expected to be achieved. Given the insufficient documentation regarding prior treatments, the lack of a clear rationale for the current requested treatment, treatment goals and a treatment plan, the medical necessity of the current requested course of treatment was not substantiated by the documentation provided. Therefore, this request is not medically necessary.