MAXIMUS Federal Services

Case Number:	CM14-0153743		
Date Assigned:	09/23/2014	Date of Injury:	06/02/1999
Decision Date:	09/21/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Psychologist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60-year-old male, who sustained an industrial injury on 6-02-1999. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, degeneration of lumbar disc, depression with anxiety, and unspecified major depression, recurrent episode. Treatment to date has included diagnostics, lumbar spinal surgery, unspecified cognitive behavioral therapy, and medications. In 8-2014, the injured worker complains of low back pain and lower extremity pain, right more than left. Pain was rated 5-6 out of 10. He reported trying to walk more and recently pushing himself too hard. He was feeling down about this. He did not like to use medications and current medication use included Norco, Zolpidem, Tylenol #3, Advil, and Gabapentin. He reported that Gabapentin made him drowsy during the day and requested Lyrica trial. A review of symptoms was negative for depression, hallucinations, or suicidal thoughts. He noted increased frustration.
Past medical history noted asthma, depression, and migraine headaches. He was alert and oriented and had a flat affect. The treatment plan included psychological counseling with cognitive behavioral therapy x12. Work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological counseling with Cognitive Behavioral Therapy 1x per week for 12 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 23, 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: Citation Summary: 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 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. 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for psychological counseling with cognitive behavioral therapy one time a week for 12 weeks; the request was modified and partially certified by utilization review to allow for 6 visits with the following rationale provided: "the claimant was injured in 1999 and despite having surgical intervention and other treatments, IW continues to suffer from chronic pain. A psychological evaluation was requested due to claimants reported symptoms of depression. Psychological counseling with cognitive behavioral therapy one time per week for 12 weeks was requested because the patient continued to suffer from depression. The request is partially certified for 6 visits based on guidelines." This IMR will address a request to overturn the utilization review decision and authorize 12 visits."According to a primary treating physician progress note from August 12, 2014 is noted that "he is trying to walk more and states he recently pushed himself too hard and was in a lot of pain. He is feeling down about this. He does continue to see [redacted] for CBT. "According to a treatment progress note from the patient's primary treating psychologist from May 30, 2014 it is reported that "he has been afforded ongoing CBT which is allow the patient developed skill sets to help him cope and manage more effectively and maintain his activities of daily living and independent functioning. Although his original depression as remitted by some 50% residual depression require ongoing CBT, and he will return to the clinic in one month." A nearly identical treatment progress note from April 29, 2014 was found which stated that there is an "decrease in his amount of anxiety and

depression." Another treatment progress note was found from February 25, 2014 which indicated a reduction in symptoms of 35 to 40%. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The provided psychological treatment progress notes do not establish medical necessity of the requested treatment. There is no indication provided of how many sessions the patient has received during this course of treatment. The total quantity of sessions being requested attitude the total quantity of sessions already received need to be consistent with the above stated industrial guidelines. In this case because there is no indication of how much treatment the patient has received, it could not be determined if the requested 12 visits would exceed industrial guidelines for this patient's diagnosis and injury. In addition, there was no active treatment plan with stated goals and estimated dates of accomplishment provided. The patient does appear to be receiving some benefit from treatment based on the limited progress notes that were provided which reflect gradual increases in benefit, however because of the above-mentioned reasons medical necessity the request was not established 12 additional sessions and therefore the utilization review decision to modify the request for 6 sessions is upheld. The request is not medically necessary.