MAXIMUS Federal Services

Case Number:	CM14-0166208		
Date Assigned:	11/25/2014	Date of Injury:	02/25/2013
Decision Date:	01/09/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/08/2014

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:

This case involves a 41-year-old male who reported an industrial/occupational injury that occurred on February 22, 2013. A 2nd injury occurred while he was recovering from the low back injury to his left knee on April 5, 2013. The injury reportedly occurred during his work as a driver when he was lifting a heavy package and began experiencing pain in the right side of his low back. Medically, a partial list of his diagnoses include: lumbar disc displacement without myelopathy; sprain/strain of the lumbar region; and status post left knee arthroscopic. He reports constant back pain that radiates into the right buttocks and bilateral knee pain. Based on the notes, physical therapy was not beneficial. He has not returned to work. MRI shows central canal narrowing at L4-5 with annular disc bulge. Surgical interventions are under consideration. The remainder of this review will be focused on his psychological symptomology as it pertains to the current requested treatment. He reports having symptoms of depression and anxiety. He was seen for a comprehensive psychological evaluation as a new patient on May 20, 2014 and June 2, 2014. Beck Depression/anxiety inventories indicate a moderate level of depression and mild anxiety. Psychologically, he has been diagnosed with: Pain Disorder; Depressive Disorder and Anxiety Disorder. A cognitive behavioral pain management program was recommended 2 times a month for 6 months. Treatment goals stated as increase recovery from work-related injury; decrease disability mindset; increase ability to self-regulate pain; decreased dysfunctional responding patterns; increase coping; and decrease psychological symptomology. Treatment is to consist of cognitive behavioral therapy and assisted relaxation techniques (biofeedback and others). A request was made for "follow-up visits" with a psychologist for 12 weeks one time per week which was non-certified. The UR rationale for this determination was stated that the patient has received an initial trial for 4 sessions and that additional sessions are pending the injured worker's response to the initial treatment trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up evaluation with a psychologist (pain management/biofeedback/lumbar) once per week for 12 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy (CBT) Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain 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 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, the medical necessity of the requested treatment was not established. Based on the medical records, the patient had an initial psychological treatment evaluation conducted in May 2014. A request was made for 12 psychotherapy sessions and biofeedback sessions; however, the request was modified to allow for an initial treatment trial per MTUS guidelines of 4 sessions. There was no additional information from a psychological treatment provider other than the initial evaluation provided for this review. According to the Official Disability Guidelines, properly identified patients may be eligible for 13-20 sessions maximum contingent upon demonstration of medical necessity and patient response to the initial treatment trial. The UR determination to not certify a 12 sessions without evidence of an initial treatment trial being completed and successfully resulting in patient improvement was the correct decision. A careful review of all the records that were provided for this IMR was completed and there was no additional documentation subsequent to the initial treatment evaluation that discussed the patient receiving psychological treatment. No documentation of the patient's

response to the initial treatment trial was provided. Therefore, this request is not medically necessary.