MAXIMUS Federal Services

Case Number:	CM14-0191726		
Date Assigned:	11/25/2014	Date of Injury:	09/03/2011
Decision Date:	01/12/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/17/2014

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 Board Certified in Internal Medicine, 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:

The patient is an injured worker with a history of back injury. Date of injury was 09-03-2011. The primary treating physician's progress report dated 9/17/14 documented that the patient's back was injured because of a forklift collision. Physical examination was documented. The patient appeared fatigued and had a blunted affect. Lumbar tenderness and restricted range of motion was noted. Diagnoses were chronic pain, low back pain, radiculopathy S1 left, status post L4-L5 discectomy, and disc disorder lumbar. Treatment plan was documented. The patient has noted benefit with cognitive behavioral therapy. Psychological treatment report dated 9/8/14 documented the first of three sessions and the diagnoses of depression, anxiety, stress, chronic pain, and adjustment disorder. Psychological treatment report dated 9/22/14 documented the third of three sessions. The patient attended his three sessions for chronic pain management. The patient had psych education on chronic pain and the interaction of anxiety with perception of pain. Ways in which patient could make life meaningful despite not working at this time were discussed. Patient is attempting to engage in more activities outside the home. He is attempting to reach some levels of acceptance about his condition. Patient would benefit from more sessions in order to continue work started in therapy. Additional sessions will help patient continue to reduce depressive symptoms and decrease isolative behavior. Additional sessions of individual psychotherapy centered on chronic pain management in order to reduce depressive symptoms, reach acceptance of patient's condition, and reduce harm avoidance were requested. The primary treating physician's progress report dated October 15, 2014 documented subjective complaints of chronic low back pain. The patient complains of back pain and numbness. The patient complains of pain going down his left leg with numbness and tingling and weakness. He notes benefit for his pain with medications. He reports increased ability to perform home exercise program including walking thirty minutes daily. Current medications included Pepcid, Neurontin,

Cymbalta, Simvastatin, and Motrin. Objective findings included blood pressure 118/70 and pulse 76. Diagnoses were chronic pain, low back pain, radiculopathy S1 left, status post L4-L5 discectomy, and disc disorder lumbar. The patient had L5-S1 discectomy for herniated disc in November 2012, which significantly improved his pain initially but he still has residual chronic neuropathic type pain radiating down the left lower extremity, which is possibly due to epidural scarring. He has had no lasting benefit from physical therapy, chiropractic, and spine surgery. The patient presents with blunted affect and mood disorder appears to play a large role in his pain complaints. He has noted benefit with CBT cognitive behavioral therapy. The patient has noted benefit with pain management counseling three sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy two times a week for two weeks: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological evaluations Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Cognitive therapy for depression Cognitive therapy for panic disorder

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment and behavioral interventions. Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for rehabilitation that is more effective. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Official Disability Guidelines (ODG) state that cognitive behavioral therapy (CBT) for depression is recommended. An initial trial of 6 visits over 6 weeks are ODG guidelines. Cognitive behavioral therapy for panic disorder is recommended. The overwhelmingly effective psychotherapy treatment for panic disorder is cognitive behavioral therapy (CBT). CBT produced rapid reduction in panic symptoms. Typically, CBT is provided over 12-14 sessions, conducted on a weekly basis. Medical records document that the patient completed three sessions of psychological treatment in September 2014. Medical records indicate that the patient benefited from the initial three cognitive behavioral therapy CBT treatments. Psychological treatment report dated 9/22/14 documented that the patient would benefit from more sessions in order to continue work started in therapy. Additional sessions will

help patient continue to reduce depressive symptoms and decrease isolative behavior. Additional sessions of individual psychotherapy centered on chronic pain management in order to reduce depressive symptoms, reach acceptance of patient's condition, and reduce harm avoidance were requested. The primary treating physician's progress report dated October 15, 2014 documented subjective complaints of chronic low back pain. The patient complains of back pain the patient presents with blunted affect and mood disorder appears to play a large role in his pain complaints. He has noted benefit with CBT cognitive behavioral therapy. The patient has noted benefit with pain management counseling three sessions. MTUS guidelines recommend psychological evaluation and treatment, behavioral interventions, and cognitive behavioral therapy (CBT). ODG guidelines recommend an initial trial of 6 visits. Typically, CBT is provided over 12-14 sessions. The request for 4 additional cognitive behavioral therapy (CBT) sessions is supported by MTUS and ODG guidelines. Therefore, the request for Cognitive Behavioral Therapy two times a week for two weeks is medically necessary.