

Case Number:	CM14-0198823		
Date Assigned:	12/09/2014	Date of Injury:	01/08/2013
Decision Date:	01/21/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/26/2014

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 Psychologist (PHD, PSYD), 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 provided medical records, this patient is a 31 year old female who reported a work-related injury that occurred on January 8, 2013 during the course of her 7 year employment. The mechanism of injury occurred when the patient was lifting a 40 pound tray of cheese and had a sudden onset of excruciating pain in her low back, she continued to try to work but was unable to. A partial/incomplete list of her medical diagnoses include lumbosacral spondylosis without myelopathy; mild early degenerative disc disease at L5/S1. CT lumbar myelogram revealed evidence of pars defect. She reports excessive eating, weight gain, lack of sleep, no motivation, crying spells with continued low back pain. This IMR will address the patient's psychological symptomology as it relates to the requested treatment. She has been diagnosed with the following: Depressive Disorder Not Otherwise Specified; Psychological Factors Affecting Medical Disorder; Chronic Pain Disorder; Compulsive Personality Traits. Psychiatric treatment progress note from September 19, 2014 mentions the patient expresses morbid fear of side effects from medication and would prefer to have cognitive behavioral therapy and reconsider the use of antidepressant in a month or 6 weeks if she is not improved. Primary treating physician progress note states that she is being considered as a possible surgical candidate, and does not feel able to return to light-duty. She reports right lower extremity radiculopathy. Insomnia and depression were diagnosed secondary to her injury. A 5 day trial of the antidepressant medication Cymbalta was attempted but she woke up in the middle of the night 1 evening with suicidal thoughts of running out into the street in front of a car and discontinued it. Psychological evaluation on July 18, 2014 that noted that her depression started in April 2014 she has become increasingly socially isolated and withdrawn and reports spontaneous crying spells. No psychological treatment progress notes were provided, no documentation from the patient's treating psychologist were included for consideration. A

request was made for 6 cognitive behavioral therapy sessions between November 13, 2014 and December 28, 2014, the request was non-certified by utilization review. The rationale provided was that she has received 10 therapy sessions and there was no documentation significant functional improvement from prior sessions. There is no documentation of decreased depression or levels of pain, the impact of therapy on her of pain or functionality. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavioral Therapy Sessions between 11/13/2014 and 12/28/2014: 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), Mental Illness & Stress, Cognitive Therapy for Depression

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. 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) allows for 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 the current requested treatment for 6 sessions of cognitive behavioral therapy, the documentation provided for this review was insufficient to establish medical necessity. Continued psychological treatment is contingent upon significant patient psychological symptomology, documentation of patient response to prior psychological treatment reflecting patient benefit including objective functional improvement, and the request needs to conform to the above stated guidelines for session quantity and duration of treatment. No communication from the primary treating psychologist with regards to this patient's

psychological care was provided. According to utilization review commentary, the patient has received perhaps as many as 10 sessions. The treatment guidelines MTUS/ODG states that an initial treatment block of sessions should be provided in subsequent sessions are contingent upon demonstration of medical benefit and continued necessity. Because there was no documentation provided regarding this patient's psychological treatment it was not possible to determine whether or not she is benefiting from it. The patient may be an eligible candidate for sessions based on the medical records reflection of her symptomology and that she has not received an excessive amount of sessions per guidelines but because there was no documentation of benefit derived from prior treatment, medical necessity was not established and therefore the utilization review determination is upheld.