

Case Number:	CM14-0040472		
Date Assigned:	06/27/2014	Date of Injury:	10/14/2011
Decision Date:	11/20/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/07/2014

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:

This injured worker is a 41 year old male who reported an industrial injury on 10-14-2011. His diagnoses, and or impressions, were noted to include: displacement of lumbar inter-vertebral disc without myelopathy; lumbar laminectomy syndrome, status-post left lumbar hemi-laminectomy (3-2012); lumbosacral radiculopathy; myofascial pain; and knee pain. No imaging studies were noted; a post lumbar laminectomy magnetic resonance imaging of the lumbar spine was said to be done on 9-10-2012. His treatments were noted to include: lumbar surgery (3-2012); physical therapy; a home exercise program; medication management; and rest from work. The progress notes of 3-11-2014 reported: the sudden onset of chronic, intermittent, bilateral low back pain, rated 6 out of 10, that is worsened by movements, walking and weather changes, and alleviated by bending, stretching, injections, and medications which offered a 50% decrease in pain; as well as radiation of pain to the left sacral 1 distribution; and migraine headaches. The objective findings were noted to include: tenderness over the lumbar para-spinal muscles overlying the bilateral facet joints, left > right; muscle spasms over the lower para-spinal; an abnormal, reversed lumbar lordosis; positive prone lumbar extension with reproduction of left sacral 1 symptoms - improved with flexion back to neutral; joint tenderness in the left knee, with decreased left ankle and plantar flexor weakness; that the pain generator was believed to be somatic and nociceptive in nature, consistent with a diagnoses of post-lumbar laminectomy pain syndrome and internal derangement of knee; and pain behavior within expected context of disease. The physician's request for treatments was noted to include a new request, follow-up to the 6-27-2013 request, for pain psychology due to the injured worker having no improvement in

his chronic pain, despite medical care, to help him manage and cope with his pain. The request for authorization, dated 7-1-2013, was noted for pain psychology evaluation. The Utilization Review of 3-20-2014 non-certified the request for 6 pain psychology cognitive behavioral sessions 1 x a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology cognitive behavioral therapy sessions 1x per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: up to 13-20 visits over 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 a meta-analysis of 23 trials. The provided medical records were insufficient to establish the medical basis and the necessity of the requested treatment. The medical records did not contain a stated reason for the psychological treatment. The medical records did not contain a psychological evaluation, psychological diagnosis, or detailed description of psychological symptomology that would necessitate treatment. The medical records provided did not contain a comprehensive treatment plan or discussion of what the sessions would be addressing. The provided medical records consisted of 55 pages none of which discussed his psychological status in any substantial detail. The medical records provided did make two mentions of requests for prior psychological treatment one in 2013 and another one in 2014 but there's no follow-up information with regards to whether or not he has been provided. Is not clear whether or not the patient has received any prior psychological treatment whatsoever for his industrial related injury. The utilization review rationale for non-certification

was not provided for consideration. Psychological treatment may, or may not be appropriate for this patient, however due to insufficient documentation the medical necessity of the request was not established and the utilization review decision is upheld. Therefore, the request is not medically necessary.