

Case Number:	CM14-0063553		
Date Assigned:	07/23/2014	Date of Injury:	02/11/2011
Decision Date:	01/05/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/06/2014

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 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:

According to the provided records, this patient is a 39 year-old male who reported a work-related injury that occurred on February 11, 2011. The injury reportedly occurred during he was using a drill to retrofit the [REDACTED], drilling 110 feet deep when he and his partner lost control of the drill. He used his strength to keep the drill from landing on his coworker but felt immediate pain in his low back. He reports low back pain that is described as burning and aching and radiates down his legs, with significant pain in his right knee. He is diagnosed with low back pain, possible lower extremity radiculopathy, myofascial pain, chronic pain syndrome, lumbar disc pain, and depression. Additional medical indications from a lumbar MRI show foraminal bulging without stenosis, a broad-based disc bulge and L4-5 disc desiccation; right paracentral disc herniation with annular tear. This IMR will focus on the patient's psychological symptomology as it relates to the current requested treatment. A comprehensive psychological evaluation was completed on March 25, 2014. He reports significant emotional distress including anxiety, frustration, tearfulness and depression with a history of passive suicidal ideation that is currently in remission. There is marital distress as a result of the injury resulting in 2 or more separations. He has been prescribed Cymbalta for depression. He has been diagnosed with the following psychological disorders: Adjustment Disorder with Mixed Anxiety and Depressed Mood Secondary to Work-Related Injury; Somatic Symptoms Disorder with Predominant Pain, Persistent, Severe Secondary to Work-Related Injury. Treatment recommendation included 12 individual sessions of psychotherapy to be held bimonthly and use of CBT. A request was made for individual psychotherapy 2 times a month for 6 months (12 sessions). The request was partially certified by utilization review which offered a modification to allow for 2 sessions per month for 2 months (4 sessions). This IMR will address a request to overturn the utilization review determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy 2x month x 6 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, and Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive Behavioral Therapy, and 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. An initial treatment trial is recommended 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. Although the patient does appear to be a properly identified candidate for psychological treatment based on his psychological symptomology, the medical necessity of the request for 12 treatment sessions is not substantiated. With regards to this patient, there is evidence of delayed recovery, depression and anxiety that might benefit from psychological treatment. However, according to current guidelines for the treatment of chronic pain and disability, psychological treatment should be initially started with a brief treatment trial that consists of 3 to 4 sessions. This treatment trial is conducted in order to determine whether or not the patient responds positively to the treatment. Additional sessions, 13-20 in most cases, can be offered contingent upon not only medical necessity based on patient symptomology but also objective functional improvements that been derived from prior sessions. The reason why the utilization review modified the requested 12 sessions down to 4 sessions was to be compliant with the above stated MTUS recommendations. Once the initial treatment trial is completed, additional sessions if medically necessary can be offered so long as there is sufficient documentation that the patient is benefiting from and making progress in his treatment. The medical necessity of 12 sessions at the start of a new treatment is not supported. Twelve sessions nearly represents the lower end of the maximum recommended total sessions for a course of cognitive behavioral therapy. The official disability guidelines state that the provider needs to evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. For these reasons, the original utilization review determination to allow for 4 sessions rather than the requested 12 was correct and the request to overturn the UR decision is not approved.