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| Case Number: | CM15-0004153 | | |
| Date Assigned: | 02/20/2015 | Date of Injury: | 11/21/2005 |
| Decision Date: | 04/01/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 01/08/2015 |

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:

The injured worker is a 41-year-old male, who sustained a work/ industrial injury on 11/21/05 when he fell off a ladder at 12-15 feet. He has reported symptoms of pain to neck, low back and right ankle. Pain was reported as 4/10. Prior medical history includes obesity and back surgeries. The diagnoses have included lumbar radiculopathy, chronic pain syndrome, post laminectomy syndrome, cervical radiculopathy, myofascial dysfunction, and disuse syndrome. Treatments to date included medications, lumbar support, aquatic therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit trial, acupuncture, and home exercise program. Medications included Trazodone, Risperidone, Effexor, Diclofenac, and Hydrocodone. Cognitive behavior was requested for major depression, anxiety, gastrointestinal distress, and hypoactive sexual desire due to chronic pain. On 12/9/14, Utilization Review non-certified a Cognitive behavioral group therapy, 1xWk x 6Wks, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group therapy, 1xWk x 6Wks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part two, behavioral interventions, cognitive behavioral therapy, Guidelines for chronic pain Page(s): 23-24. Decision based on Non-MTUS Citation Official disability guidelines, Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, March 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 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. 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 this request for cognitive behavioral group therapy, one time per week for six weeks the patient appears to have already received extensive psychological care. The total number of treatment sessions that has been provided for this patient was not able to be determined by the medical records that were provided. There was no statement of the total number of sessions that he has had and it could not be reasonably estimated based on the information contained within the records. Still, it does appear that the patient is already likely greatly exceeded the maximum guidelines for most patients, based on the fact that he appears to have been receiving psychological treatment for what appears to be many years, which according to the Official Disability Guidelines would be a maximum of 13-20 sessions for this patient's diagnosis. In addition, there is insufficient evidence of objectively measured patient benefit from prior treatment sessions including objective functional improvements. Because these reasons the medical necessity is not supported for this request and the utilization review determination for non-certification is upheld.