

Case Number:	CM15-0007204		
Date Assigned:	01/26/2015	Date of Injury:	05/16/2010
Decision Date:	03/13/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/13/2015

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 female, with a reported date of injury of 05/16/2010. The diagnoses include low back pain, lumbar radiculopathy, depression, and anxiety. Treatments have included bilateral transforaminal epidural steroid injection with fluoroscopic guidance and IV sedation at L5-S1, an MRI of the lumbar spine on 02/14/2011, and Norco. The follow-up clinical evaluation dated 11/13/2014 indicates that the injured worker had worsening of her radicular symptoms and a positive electromyography (EMG) for L5-S1 radiculopathy. The injured worker stated that she had worsening of her low back pain. She admitted that she had some relief with improving ability to walk after undergoing an epidural steroid injection, but she still experience pain. The injured worker was upset, because she required up to four tablets of Norco per day, therefore, this caused her to be anxious and depressed. The treating physician recommended twelve sessions of cognitive behavior therapy for depression and anxiety. On 12/10/2014, Utilization Review (UR) modified the request for twelve (12) cognitive behavioral therapy visits for low back pain, noting that the guidelines recommend at trial of 3-4 cognitive behavioral therapy visits over two weeks and a re-evaluation. The MTUS Chronic Pain Guideline and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines, Page(s). Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines.

Decision rationale: Guidelines: 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. Decision: As best as could be determined, patient has not had any prior psychological treatment. Therefore this request for 12 treatment sessions is being treated as the beginning of up new course of psychological treatment in a patient who is not received prior psychological care. Therefore the treatment protocol is specific in the official disability guidelines and the MTUS, it states that in an initial treatment trial consisting of 3 to 4 sessions (MTUS) or up to 6 sessions (official disability guidelines) should be offered initially in order to determine patient response to treatment. With documentation of patient benefited including objectively measured functional improvement indices additional sessions may be authorized contingent upon patient necessity. The utilization review determination for non-certification offered a modification to allow for 4 sessions. This is a correct decision. It accounts for the the treatment protocol that recommends an initial brief treatment trial of 3 to 4 sessions. Because the request does not appear to follow the standard treatment protocol as recommended in the MTUS/ODG guidelines the medical necessity is not established and therefore the utilization review determination is upheld.