

Case Number:	CM15-0101306		
Date Assigned:	06/03/2015	Date of Injury:	07/12/2013
Decision Date:	07/01/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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 37 year old female who reported an industrial injury on 7/12/2013. Her diagnoses, and/or impressions, are noted to include: displacement of the lumbar inter-vertebral disc, without myelopathy; disorders of bursae and tendons in the shoulder region; cervicgia; headaches; umbilical hernia; and depressive disorder. No current imaging studies are noted. Her treatments have included a functional restoration program (FRP) (in 1-2/2015); medication management; and rest from work. The progress notes of 2/13/2015 noted that she had completed six weeks of her FRP and reported increased, severe umbilical pain, and radiating back pain into her lower abdomen, with increased headaches, anxiety and depression which resulted in her stated inability to complete the rest of her FRP, and leaving the program that day; also that she cries constantly whenever she is alone and was having suicidal thoughts. The objective findings were noted to include decreased lumbar range-of-motion, tenderness over the bilateral lumbar para-spinal muscles; positive lumbar facet loading maneuver bilaterally; and positive bilateral straight leg raise; decreased sensation in the cervical dermatomes of the upper/lower extremities; and a slightly tender, non-distended abdomen with a non-palpable umbilical hernia. The physician's requests for treatments were noted to include cognitive behavioral therapy sessions for her suicidal ideations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten cognitive behavioral therapy sessions for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, pages 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, 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 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) 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 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 the meta-analysis of 23 trials. A request was made for 10 cognitive behavioral therapy sessions for the lumbar spine; the request was non-certified by utilization review with the following rationale provided: "In this case, the reviewer did not see the request in the medical records. It seems that the patient did have a number of visits in the functional restoration program which usually include psychotherapy. The note did not explain why the patient needed 10 visits of CBT. The MTUS recommends 3 to 4 visits initially, and it is very possible the patient had these during the functional restoration program. However, the notes did not document the need for this form of treatment, and the request is noncertified." This IMR will address a request to overturn the utilization review decision. According to the treatment progress notes from the functional restoration program that the patient participated in January 9, 2015 "She is engaged and attentive in her psychological classes and contributes appropriately. The patient participates and demonstrates a positive attitude about being in the program and is forming positive relationships with other group members. She learned about the differences between acute and chronic pain and how to best address chronic pain through program concepts." Treatment plan included reinforcement of mindful diaphragmatic breathing with

movement for body awareness and control of movement and mindfulness inform and body mechanics. She also learned meditation for self relaxation. According to a treatment progress note from February 13, 2015 the patient participated in completed a 6 week of her functional restoration program consisting of 160 hours of which she completed 120. It is noted that she was unable to participate in all aspects of the functional version of the physical therapy program due to increased pain, depression and headache and that authorization for individual psychotherapy sessions is requested an addendum note indicates that on February 11, 2015 she was transferred via ambulance for voluntarily evaluation for mental health issues due to suicidal statements. She was described as a cooperative member of the psychology classes and was attentive and participated and struggled with symptoms of depression and poor sleep erratic appetite, low energy, low motivation and poor memory and concentration. It was noted that she was also having mood fluctuations sometimes appearing energetic and smiling and other times depressed. As best as could be determined, it does not appear that the patient has received individual psychological treatment for psychological sequelae from her industrial-related injury. Although this could not be determined definitively based on the medical records, and therefore it will be essential any other requests for psychological treatment clarify this issue. It does appear the patient participated in a functional restoration program and did receive cognitive behavioral therapy in a group setting format during the course of this treatment for 6 weeks. It appears she was making progress in the treatment but at a juncture towards the end she destabilized and required psychiatric hospitalization for suicidal ideation. There are no subsequent treatment notes regarding her condition after her hospitalization. The utilization review determination rationale for non- certification mentions the need for an initial treatment protocol in the MTUS (3 to 4 sessions). In this case the need for an initial treatment trial protocol can be waived based on her response from prior sessions to psychological treatment in the functional restoration program. The other issue mentioned by UR was that the reason for this request for individual cognitive behavioral therapy sessions was not clearly stated. This IMR did find several mentions of the reason for the requested treatment modality. It does appear overall and taken as a whole that the medical necessity of this request is medically necessary and therefore the utilization review determination is overturned.