

Case Number:	CM15-0135077		
Date Assigned:	07/23/2015	Date of Injury:	01/16/2014
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/13/2015

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:

This 62-year-old female sustained an industrial injury to the neck and back on 1/16/14. Previous treatment included physical therapy, transcutaneous electrical nerve stimulator unit and medications. In a comprehensive cognitive behavioral evaluation dated 10/22/14 and 12/30/14, the injured complained of moderate functional limitations. The injured worker was diagnosed with chronic pain syndrome. The physician recommended six sessions of cognitive behavioral therapy. In a PR-2 dated 6/5/15, the injured worker complained of neck and back pain rated 7- 9/10 on the visual analog scale. Physical exam was remarkable for lumbar spine with decreased and painful range of motion and hypertonicity and cervical spine with decreased and painful range of motion with myospasm. Current diagnoses included neck sprain/strain, lumbar spine sprain/strain, lumbar degenerative disc disease and chronic pain syndrome. The treatment plan included continuing to titrate Neurontin up, discontinuing Tramadol, a trial of Tylenol #3, continuing Relafen and awaiting response for request for acupuncture and cognitive behavioral therapy (originally requested 1/29/15 and resent on 2/12/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT.

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 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. Decision: a request was made for cognitive behavioral therapy, the request was non-certified by utilization review with the following provided rationale for its decision: "there are no focal examination findings provided to indicate the medical necessity of cognitive behavioral therapy." This IMR will address a request to overturn that decision. According to a primary treating physician progress report December 30, 2014, behavioral and mental examination findings noted dysphoria. Beck Depression Inventory and anxiety inventory show mild findings for both. It is noted that the injured worker has chronic pain syndrome and lacks adequate skills to manage chronic pain and CBT is recommended to reduce functional complaints, sadness, depression, hopelessness, and stress while increasing ability to induce self relaxation, improve coping skills, engagement and goal setting returned to work. In response to the utilization review denial for cognitive behavioral therapy the requesting physician notes that "focal examination findings are not required for CBT treatment. This is an inappropriate denial. (The patient) has been identified to have poor pain coping skills, delayed recovery, and a high fear of reinjury. Patient meets the MTUS criteria for CBT treatment is recommended for the treatment of chronic pain." This patient was reportedly injured while working as a housekeeper for [REDACTED] on January 16, 2014 when she fell from a top bunk bed during the course of her usual customary duties and injured her head, back, and hips. There is no known or reported prior history of psychiatric or psychological treatment. It does not appear that she has received any treatment for psychological sequelae on an industrial basis for the current injury. The medical appropriateness of the request appears to be established by the provided

documentation. The patient had a comprehensive psychological evaluation on December 30, 2014. She was diagnosed with chronic pain syndrome. Because the medical necessity of the request is established, and because the request appears to be consistent with MTUS and official disability guidelines for an initial brief treatment trial consisting of 4 to 6 sessions (official disability guidelines), and because the patient is reporting significant psychological sequelae in the form of mild anxiety and depression, as well as delayed recovery and reported poor coping skills the medical necessity of this request is established and therefore the utilization reviews decision for non-certification is overturned. This request is medically necessary.