

Case Number:	CM15-0149076		
Date Assigned:	08/12/2015	Date of Injury:	02/16/2012
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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 61 year old female, who sustained an industrial injury on 2-16-12. Initial complaint was of her low back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy; lumbago; thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included physical therapy; transforaminal epidural steroid injections; status post left L5-S1 micro-lumbar discectomy (3-19-15); medications. Diagnostics studies included MRI cervical spine (6-30-14); MRI right wrist (8-20-14); MRI lumbar spine (1-9-15). Currently, the PR-2 notes dated 6-24-15 indicated the injured worker is a status post left L5-S1 microdiscectomy on 3-19-15. She reports the surgery has helped with the back and leg pain and noted the pain was improving initially but now feels her low back pain is coming back. She notes her pain was better by 60% after surgery and now it's only 30% improved. She reports the pain is mostly in her back and left hip and feels the pain across her back. The pain in the lower extremity is reported as improved. She is able to move around better and walk better and the pain in the leg is not as severe she reports. She is having some tingling in the left foot. Her pain is reportedly worse with sitting and prolonged waling. She reports to the provider she uses a heating pad and ice to help her pain and is requiring Norco 2-3 a day to control her pain and gets this medications from another provider. She rates her pain as 7 out of 10 with medications. She also reports depression and anxiety due to her pain and resulting disability. She is having difficulty sleeping at night. She complains of continued left hip and left leg pain and left thigh pain. It is mostly in her calf and lower leg and bottom of her foot is numb and tingling as well. She cannot lie on her left side and walks very slow using a walker at times.

Her MRI done 1-9-15 was reviewed and is documented by this provider as clear evidence of left sided disc herniation impacting both the exiting L5 nerve root and impinging the left traversing S1 nerve root. She has had the lumbar surgery and the provider would like her to see a pain psychologist for treatment. The provider is requesting authorization of Cognitive Behavioral Therapy QTY: 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy QTY: 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Official Disability Guidelines (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 cognitive behavioral therapy, quantity six; the request was modified by utilization review to allow for four sessions with the following provided rationale: "in this case the claimant has chronic depression and a trial of cognitive behavioral psychotherapy sessions is a true four and evaluation and total of four initial sessions with additional treatment dependent on documented functional improvement." This IMR will address a request to overturn the utilization review decision.

According to a June 24, 2015 treatment note psychological treatment is recommended to help provide positive reinforcement of well behaviors, relaxation techniques and pain management skills, cognitive reframing and counseling to rebuild coping and adaptation skills. Additional treatment goals were mentioned. The medical appropriateness of the request for sessions of cognitive behavioral therapy appears to be warranted and reasonable in this situation for this patient. According to the MTUS guidelines, an initial brief treatment trial cognitive behavioral therapy should be provided consisting of 3 to 4 sessions. The Official Disability Guidelines are somewhat more generous and allow for an initial brief treatment trial consisting of 4 to 6 sessions in order to establish whether or not the patient is benefiting from the treatment prior to authorization of additional sessions if medically needed. In this case, the two extra sessions may be needed in order to establish whether or not the patient is benefiting from the psychotherapy. In general, the MTUS guidelines take priority over the official disability guidelines and therefore the modification proposed by utilization review of this request to allow for four sessions would typically stand. However, an exception can be made in this case given that the patient has received, as best as could be determined no prior psychological treatment, and that she has had recent surgical intervention with incomplete healing and delayed recovery. For these reasons, the request is medically necessary; the utilization review decision is overturned.