

Case Number:	CM15-0162593		
Date Assigned:	09/09/2015	Date of Injury:	04/14/2011
Decision Date:	10/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/19/2015

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 40 year old male who sustained an industrial injury on 04-14-2011. Initial injuries occurred to the upper and lower back after slipping and falling. Current diagnoses include bilateral leg pain and bilateral lumbar radiculopathy at L5. Report dated 07-02-2015 noted that the injured worker presented with complaints that included significant back pain with radiation to his left leg and to review the recent MRI and CT scan. Physical examination was positive for decreased strength in the left lower extremity, difficulty transitioning from sitting to standing, walks with a cane, has an obvious limp, and gait abnormality. Previous diagnostic studies included urine drug screenings, EMG and nerve conduction studies, MRI's of the thoracic and lumbar spine, and CT scan of the pelvis. Previous treatments included medications, injections, chiropractic, home exercises, and physical therapy. The treatment plan included requests for surgery, associated surgical services, post-operative physical therapy, and psychologist-psychiatrist evaluation. Reports dated 04-08-2015 and 05-06-2015 included a request for psyche evaluation for chronic pain management with a request for cognitive behavioral therapy evaluation and treatment one time a week for six weeks. Request for authorization dated 07-02-2015, included requests for referral to psych for pre-operative clearance per ACOEM guidelines. The utilization review dated 07-24-2015, non-certified the request for cognitive behavior therapy sessions, 1 time per week for 6 weeks based on the following rational. "California MTUS guidelines would currently not support psychological assessment for the purpose of cognitive behavioral therapy. Clinical treatment and the claimant's current clinical presentation would not support the role of behavioral health assessment."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 1 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines August 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 sessions one time a week for 6 weeks; the request was non-certified by utilization review which provided the following rationale for its decision: "California MTUS guidelines would currently not support psychological assessment for the purpose of cognitive behavioral therapy. Clinical treatment and the claimant's current clinical presentation would not support the role of behavioral health assessment." This IMR will address a request to overturn the utilization review decision. The utilization review decision is unclear as it lists the requested treatment being cognitive behavioral therapy sessions one time per week for 6 weeks. But the utilization review explanation of the rationale for its decision for non-certification sites the industrial guidelines for psychological evaluations and mention psychological evaluation in its discussion. This request is for 6 sessions of cognitive behavioral therapy and not psychological evaluation. According to a pain management consultation and request for authorization from

April 8, 2015 it is noted that he sustained an industrial injury to his upper back and lower back while working as a machine operator. The list of medical diagnoses includes the following psychological diagnoses: anxiety and depression. Further, it notes that as a part of the treatment plan "he will be referred to a psych for Cognitive Behavioral Therapy sessions once a week for 6 weeks for chronic pain with anxiety and depression." It is not clear whether or not the psychological evaluation has been completed. It is not clear whether or not the patient has received cognitive behavioral therapy already for this industrial injury; but based on the limited records provided it does not appear that he has. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. There was only limited and marginal support for this request being medically necessary. There is too much missing information. There was an absence of a comprehensive psychological initial evaluation, a clear treatment plan for the requested treatment, the clearly stated diagnosis of his psychiatric or psychological symptoms, and indication of how much prior psychological treatment, if any, has been provided given that his injury occurred in 2011. This is the type of information that would commonly be presented in an initial psychological evaluation. For this reason the medical necessity the request was not established. This is not to say that the patient does not need and is not eligible for psychological treatment only that the request wasn't supported due to insufficient documentation. Because medical necessity is not established the utilization review decision is upheld and therefore is not medically necessary.