

Case Number:	CM15-0164286		
Date Assigned:	09/01/2015	Date of Injury:	09/22/2008
Decision Date:	10/05/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/21/2015

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 73 year old woman sustained an industrial injury on 9-22-2008. The mechanism of injury is not detailed. Diagnoses include lumbar spondylosis, lumbar degenerative disc disease, lumbar failed back syndrome, trochanteric bursitis of the bilateral hips, and arachnoiditis. Treatment has included oral medications and lumbar medial branch blocks. Physician notes on a PR-2 dated 5-7-2015 show complaints of low back pain rated 6 out of 10. Recommendations include lumbar spine radiofrequency ablation, Flexeril, Cymbalta, Gabapentin, vestibular autorotation testing, possible vestibular rehabilitation program, Percocet, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive bio-behavioral therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (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 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. Psycho-logical 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 bio-behavioral therapy x 12 sessions; the request was modified by utilization review to allow for 4 sessions as medically necessary and appropriate and cited CA MTUS guidelines for its decision. This IMR will address a request to overturn the utilization review decision and authorize 12 sessions. 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. The medical necessity for the request for 12 sessions cannot be established by the provided documentation. All the provided medical records were carefully considered for this IMR and consisted of approximately 120 pages. A copy of the patient's psychological evaluation or initial psychological treatment intake was not included in the provided medical records, if any had been conducted. It could not be determined definitively, but it appears that this is a request to start a new course of psychological treatment for a patient who has not received any psychological treatment on an industrial basis for her injury. Assuming that this is a correct assumption, both the MTUS and the Official Disability Guidelines recommend a brief course of psychological treatment to be provided as an initial trial. The purpose of the initial brief treatment trial is to determine whether or not the patient appears to be benefiting from the treatment with objectively measured functional improvement the MTUS guidelines recommend that the initial brief treatment trial consists of 3 to 4 sessions with subsequent sessions being authorized at the completion of the brief treatment trial pending outcome. Because there was no documentation provided regarding the completion of the brief treatment trial, the request for 12 sessions is determined to be excessive in light of the industrial guidelines. Therefore the utilization review determination is upheld as medical necessity was not established.

