

Case Number:	CM15-0181589		
Date Assigned:	09/22/2015	Date of Injury:	02/14/2009
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/15/2015

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 male, with a reported date of injury of 02-14-2009. The diagnoses include lumbar spine radiculopathy, piriformis syndrome, lumbosacral neuritis and radiculitis, lumbosacral spondylosis without myelopathy, sacroiliac sprain and strain, status post right shoulder surgery, shoulder sprain and strain, cervical spine sprain and strain, thoracic spine sprain and strain, and myofascial pain syndrome. Treatments and evaluation to date have included radiofrequency ablation of the lumbar facet medial branch nerves on 01-26-2015 and 02-09-2015, Ambien, Norco, lumbar facet nerve blocks on 08-04-2014 and 08-18-2014, Lexapro, Cyclobenzaprine, Percocet, trigger point injections, acupuncture, and chiropractic treatment. The diagnostic studies to date have included an MRI of the lumbar spine on 06-04-2013 which showed minimal disc bulging at L2-3, L3-4, L4-5, and L5-S1, and mild facet arthropathy at L5-S1; a urine drug screen on 05-31-2013; an MRI of the lumbar spine on 04-15-2011 which showed probable partial lumbarization of the S1 vertebrae. The progress report dated 08-20-2015 indicates that the injured worker complained of neck, back, and right shoulder pain. The physical examination showed pain over the lumbar intervertebral discs on palpation, anterior lumbar flexion caused pain, pain with lumbar extension, left lateral flexion caused pain, right lateral flexion revealed pain, and grossly normal motor strength. The treating physician indicated that the injured worker developed depression which interfered with the activities of daily living and or with work as a result, this caused fear of avoidance beliefs. The request for authorization was dated 08-24-2015. The treating physician requested twelve cognitive bio-behavioral therapy sessions. The treating physician noted that the injured worker required a course of bio-behavioral intervention for the treatment of depression and fear of avoidance. The goal is to reinforce coping skills, reduce pain, and increase tolerance for activities of daily living, and reduce factors

that can lead to psychological or physical dependence. On 08-28-2015, Utilization Review (UR) non-certified the request for twelve cognitive bio-behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 cognitive bio-behavioral therapy sessions: 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): Behavioral interventions, 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 co-morbid 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. A request was made for 12 cognitive bio-behavioral therapy sessions: the request was modified by UR to allow for 4 sessions with the remaining 8 non-certified with the following provided rationale for its decision: "The initial trial of psychotherapy includes 3-4 visits over two weeks. After this time, is evidence of objective functional improvement should be noted then the remaining 6-10 visits over a 5 to 6 weeks is warranted. It appears that the patient is a candidate for cognitive behavioral therapy at this time. Therefore, the request for 12 cognitive bio-behavioral therapy sessions is recommended certified with modification to four cognitive behavioral therapy sessions." This IMR will address a request to overturn the utilization review decision and authorize 12 visits. According to the provided medical records, this patient appears to be a properly identified patient who may benefit from a course of psychological treatment. As best as could be determined from the provided medical records, the patient has not yet received a course of psychological treatment. According to the MTUS guidelines an initial brief treatment trial consisting of 3 to 4 sessions should be enacted prior to the authorization of the more lengthy course of psychological

treatment. The purpose of the initial and brief treatment trial is to determine whether or not the patient appears to be responding to the treatment and to make adjustments in the treatment plan is appropriate and needed on that basis. In this case, the request for 12 psychological treatment sessions at the start of a new course of psychological treatment the patient does not appear to had previous psychological treatment is not consistent with the MTUS guidelines recommend an initial brief treatment trial. For this reason, the medical necessity the request is not established and the utilization review decision is upheld. This is not to say that the patient does not require psychological treatment only that the request was found to be excessive and inconsistent with industrial guidelines for psychological treatment. Therefore, the request is not medically necessary.