

Case Number:	CM15-0184819		
Date Assigned:	09/24/2015	Date of Injury:	04/24/2013
Decision Date:	11/02/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/18/2015

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 51 year old female, who sustained an industrial injury on 4-24-13. The injured worker has complaints of back pain and intermittent transferring left pain. The documentation on 8-28-15 noted that he injured worker reports without the medication her pain level is reduced by about 50 percent and rates her pain at an 8 or 9 out of 10 with no medications and felt 4 to 5 out of 10 with medications. Lumbar spine examination reveals gait is normal; straight leg raise is negative and there are no spasms or guarding noted. The diagnoses have included lumbosacral spondylosis without myelopathy; disorders sacrum and acquired spondylolistheses. Treatment to date has included lumbar radiofrequency ablation of the left L3, L4 and L5; chiropractic sessions; norco at 3 a day really helps improve her function and activities of daily living; losartan-hydrochlorothiazide and propranolol. The injured worker is permanent and stationary work status. The original utilization review (8-31-15) non-certified the request for cognitive behavioral therapy, quantity 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT (Cognitive Behavioral Therapy), quantity: 6 sessions: Overturned

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 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) 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. Decision: a request was made for six sessions of cognitive behavioral therapy; the request was non-certified by utilization review which provided the following rationale for its decision: "...there are no psychological records in the chart... In this case, the patient has a 2.5 year history of physical injury with suspected emotional distress who mourns psychological evaluation on an industrial basis as per the industrial guidelines. In as much as the industrial criteria for medical (psychiatric) necessity of satisfied, the recommendation is certified for a psychological consultation at this time... I am recommending non-certification for the psychological follow-up sessions until the psychological evaluation is completed in a comprehensive report the submitted for utilization review (UR) with a diagnosis and treatment plan. Therefore the six sessions of CBT are not medically necessary at this time." This IMR will address a request to overturn the utilization review decision. This appears to be a request for psychological treatment in a patient who has not yet received or participated in prior psychological treatment on an industrial basis for her reported industrial injury. The provided medical records do indicate that psychological treatment might be appropriate for this patient. According to a treatment report from the primary physician from July 31, 2015 the need for psychological treatment is outlined due to depression resulting from her industrial accident and delayed recovery from her physical injury. An initial psychological evaluation has been approved, but was not submitted for consideration for this IMR. The request for six psychological treatment sessions was made at the same time as the request for the initial psychological consultation. The purpose of the psychological evaluation

this to create a clear diagnosis and treatment plan for the patient psychological treatment. Completion of a psychological evaluation is recommended by utilization review prior to the authorization of psychological treatment is a way to establish medical necessity for the treatment. There was no copy of the completed psychological evaluation provided for consideration for this review. In general, it is proper to have psychological evaluation completed prior to the start of psychological treatment. However, MTUS and official disability guidelines do not require completion of a psychological evaluation in order to start psychological treatment. The only requirement is that the patient be "properly identified" as someone who might benefit from the treatment. An exception will be made in this case in order to allow the patient to start a psychological treatment without further delay, as it appears to have been considerable delay already in providing this patient psychological care, and because psychological care appears to be medically appropriate and reasonable and necessary. Therefore, the utilization review decision is overturned.