MAXIMUS Federal Services

Case Number:	CM15-0190058		
Date Assigned:	10/02/2015	Date of Injury:	09/17/2009
Decision Date:	11/10/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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 39 year old female, who sustained an industrial injury on 09-17-2009. She has reported injury to the low back. The diagnoses have included chronic low back pain; degenerative disc disease and facet spondylosis of the lumbar spine at L3-4, L4-5, and L5-S1, associated with a retrolisthesis at L3-4; left lower extremity radiculitis and possible radiculopathy, status post multiple surgeries for a fusion at L4-5 with retained pedicle screw hardware, plus a possible annular disc disruption at L5-S1; post-laminectomy pain syndrome; and mood disorder due to a general medical condition. Treatment to date has included medications, diagnostics, lumbar epidural injections, acupuncture, cognitive behavioral therapy, physical therapy, and surgical intervention. Medications have included OxyContin and Dilaudid. A progress report from the treating provider, dated 08-21-2015, documented an evaluation with the injured worker. The injured worker reported low back pain; the pain is rated at 5 out of 10 in intensity; the pain is dull and constant in quality; she is undergoing cognitive behavioral treatment as scheduled and it has significantly helped with her pain symptoms; and she reports more than 50% benefit and function improvement with her current pain medication region. Objective findings included she is alert and oriented and in mild distress; her mood and affect are normal; thoughts are coherent; palpation of the lumbar facet reveals pain on both the sides at L3- S1 region; there is pain noted over the lumbar intervertebral spaces on palpation; and the gait appears to be antalgic. The treatment plan has included the request for 12 cognitive behavioral therapy sessions. The original utilization review, dated 09-21-2015, modified the request for 12 cognitive behavioral therapy sessions, to 4 cognitive 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 behavioral therapy 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: Decision: A request was made for 12 additional cognitive behavioral therapy sessions; the request was modified by utilization review to allow for four sessions with the following provided rationale: "the patient appears to be indicated for additional sessions of CBT. Although she has exhausted three of the four sessions for an initial trial without major objective functional improvements, as the guidelines indicate to be present for additional sessions to be approved, she recently tried to deliberately harm herself with a heating pad, and continues to have difficulty coping with her pain and being a parent. The patient appears to be a risk for further self-harm, therefore would be indicated for additional psychotherapy in order to assure her mental and physical safety. Based on this information, the patient appears to be clinically indicated received for additional CBT sessions in order to complete her initial trial of four sessions, +3 additional sessions in order to produce functional improvements to the patient's ability to cope with her pain, and to assure she is not a danger to her own safety. Therefore, the perspective request for 12 cognitive 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. 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. According to the provided medical records the patient had an initial pain psychological assessment that was conducted on July 9, 2015 and it was noted that she has had several failed back surgery syndrome exacerbated her condition with severe pain in her back, left hip, both feet, left leg as well as additional complications and medical problems. She was diagnosed at the time of the evaluation with: Depressive Disorder due to a general medical condition, chronic pain; Anxiety due to a general medical condition, chronic pain; Axis II Deferred. There is also noted to be a previous reported history of a diagnosis, presumably non-industrial, of bipolar disorder, which is not indicated on the current clinical impression list. According to a supplemental report on psychology progress from August 20, 2015 periodic report, is noted that the "patient is working on relaxation techniques and making some progress in practicing the one that they feel is most effective" is also noted the cognitive behavioral therapy techniques are being taught to work on distorted thinking and address feelings of helplessness. The patient is noted to be "motivated in working hard to progress in learning new coping skills." She is also noted to be working on things with her family and "make positive

changes in her life." It was further noted that originally 12 sessions were requested of therapy and that six were approved but there was a time limit and they were not fully used and that there's a request that "the original 12 sessions to be approved with an extended time limit of approximately three months."An additional psychological treatment progress note was reviewed for this request. The provided medical records, taken as a whole, do support the request for overturning the utilization review decision and to allow for 12 cognitive behavioral therapy sessions at this juncture. The patient has completed a partial initial treatment trial, and although objectively measured functional improvements were not entirely demonstrated as a result of the treatment, it is medically appropriate to go ahead and authorize a block of 12 sessions to provide some continuity. The patient has a history of bipolar disorder and is reported to be "psychologically fragile." In the context of continued psychological symptomology at a clinically significant level, that the patient has not exceeded the maximum guidelines for psychological treatment on an industrial basis, and that there appears to be at least some minor improvements as a direct result of psychological treatment, in the context of a somewhat disjointed course of treatment, this request is medically reasonable and appropriate and therefore the utilization review decision is overturned; the request is medically necessary. It should be noted that no further additional sessions should be authorized without much more significant, and most importantly objectively measured, functional improvements as a direct result of her psychological treatment including subjective improvements as well as increases in activities of daily living and overall functioning.