

Case Number:	CM15-0192252		
Date Assigned:	10/06/2015	Date of Injury:	10/27/2008
Decision Date:	11/13/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/30/2015

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 33 year old male, who sustained an industrial-work injury on 10-27-08. He reported initial complaints of low back and neck pain. The injured worker was diagnosed as having lumbar post laminectomy syndrome, depression, sciatica, neck pain, and tension headaches. Treatment to date has included medication, SCS (spinal cord stimulator) surgery, and diagnostics. Currently, the injured worker complains of persistent low back rated 9 out of 10 and neck pain. He ambulates with a cane. There is also depression and anxiety. Per the primary physician's progress report (PR-2) on 6-22-15, exam noted tenderness over the incision for the SCS (spinal cord stimulator) site. Current plan of care includes refill of medications. The Request for Authorization requested service to include Cognitive behavioral therapy x6 sessions low back. The Utilization Review on 9-1-15 denied the request for Cognitive behavioral therapy x6 sessions low back, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x6 sessions low back: Upheld

Claims Administrator 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, Cognitive Behavioral Therapy guidelines for chronic pain.

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: Citation Summary: 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) recommends 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 cognitive behavioral therapy six sessions low back; the request was non-certified by utilization review which provided the following rationale for its decision: "it is noted that the claimant has had previous sessions, however, any specific objective functional benefit from the sessions have not been provided for review." 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, there is communication regarding the patient and his psychological treatment under the care of [REDACTED] with regards to his psychological status dating back to October and November 2012. It was noted in this letter that he was placed in 48 hour hold for psychiatric hospitalization due to suicidal ideation, frustration and hopelessness over chronic pain and isolation. There is also the notation of a progress note from [REDACTED]. from April 2014 indication that he has been participating in ongoing cognitive behavioral therapy and pharmacology and is noted to be stable. Additional mentions of

psychological treatment in 2012 and 2013 were noted. According to a panel qualified medical evaluation from October 2, 2015 the patient was administered psychological assessment and testing but only an incomplete report was provided as they were waiting for additional information. The report did not contain any specific treatment recommendations but didn't discuss ongoing psychological and psychiatric issues that the patient is having. Patient appears to have received several years of psychological treatment on an industrial basis, and while he is still reported to be experiencing significant clinical psychological and psychiatric symptoms, no specific psychological treatment notes were provided for consideration. All information from this IMR was taken from treatment summaries. There is no specific communications from the patient's primary treating psychologist with regards to how much treatment the patient has received, a current treatment plan that is being followed, outcomes of prior treatment sessions, or any evidence of objectively measured functional improvements or even patient benefit from prior psychological treatment. This is not to say that the patient has not benefited from prior treatment only that there is no documentation substantiating it if any has occurred. Essentially, there is insufficient documentation to authorize additional treatment sessions at this time. Missing information includes quantity and outcome of prior psychological treatment including whether or not he has received psychological or psychiatric treatment in 2015. Without this information, the medical necessity of this request was not established and for this reason the utilization review decision is upheld. Therefore, the request is not medically necessary.