

Case Number:	CM15-0196698		
Date Assigned:	10/12/2015	Date of Injury:	05/19/2008
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/06/2015

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 46 year old female, who sustained an industrial injury on 5-19-2008. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic pain, mid back pain, neck pain, chronic pain syndrome, postlaminectomy syndrome, cervical facet pain, cervical discogenic pain, and muscle pain. On 8-17-2015, the injured worker reported pressure like pain in the neck with tingling and sharp sensation in her back causing headaches radiating to the scalp and eyes, with right arm numbness, tingling, and weakness. The Primary Treating Physician's report dated 8-17-2015, noted the injured worker with neck pain, right shoulder pain, right arm pain, left arm pain, and mid back pain. The injured worker's current medications were noted to include Hydrocodone, Flexeril, Oxycodone, Diazepam, Promethazine, and Colace. The physical examination was noted to show tenderness to palpation of the cervical paraspinal muscles and the thoracic spine, and limited range of motion (ROM) in the cervical and thoracic spine, and decreased sensation in the right upper extremity. Prior treatments have included physical therapy without relief, acupuncture without relief, and cervical surgery in 2012, massage therapy that aggravated the pain, epidural steroid injection (ESI) without relief, and medications. The treatment plan was noted to include a prescription for OxyContin, Norco, Flexeril, and Diazepam dispensed, a surgical consult for the cervical spine, and the injured worker started on Zoloft for a history of depression and anxiety related to chronic pain with request for cognitive behavioral therapy (CBT) for management of chronic pain. The request for authorization dated 8-19-2015, requested a surgical consultation for the cervical spine and Cognitive Behavioral Therapy x6 sessions. The Utilization Review (UR) dated 9-17-

2015, certified the request for a surgical consultation for the cervical spine and modified the request for Cognitive Behavioral Therapy x6 sessions to allow for a psychological evaluation only.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

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. A request was made for six sessions of cognitive behavioral therapy the request was modified by utilization review to allow for a Psychological Evaluation only. The rationale provided was stated as: "As per the August 17, 2015 report, the patient has a history of depression and anxiety related to chronic pain. She also reports occasional thoughts of suicide. In light of this information, a referral for psychological evaluation is considered medically reasonable. However, as per the MTUS, psychosocial evaluations should determine if further psychosocial interventions are indicated. Therefore, recommendations for modification of the request for CBT six sessions to allow for a Psychological Evaluation only. According to the provided medical records, the patient was

injured in May 2008. The provided medical records consisted of approximately 50 pages most of which were related to utilization review communications. There was no comprehensive psychological treatment report establishing the basis for the treatment. The patient's prior psychological treatment history is not known. Information regarding the patient's prior psychological treatment history, if any has occurred, is needed in order to determine whether psychological treatment is indicated at this juncture. More information regarding a comprehensive psychological treatment plan as well as her current psychological status is also needed. Although it is reported that the patient does have significant depression, and because of the psychological treatment may be indicated, additional information would be needed in order to overturn the utilization review decision which modified the request to allow for a psychological evaluation. Because medical necessity has not been adequately established for the specific request, which is not to say that the patient does not require psychological treatment only that insufficient supporting documentation was provided, the utilization review decision is upheld.