

Case Number:	CM15-0196713		
Date Assigned:	10/12/2015	Date of Injury:	10/08/2014
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
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 25 year old female, who sustained an industrial injury on 10-8-2014. She reported a low back injury from lifting activity. Diagnoses include lumbar sprain-strain, degenerative disc disease, radiculopathy, myofascial pain, depression, and gastritis. Treatments to date include activity modification, TENS unit, Gabapentin, Naproxen, Omeprazole as needed, and acupuncture. According to September 5, 2015 treatment progress note, she complained of ongoing low back pain with radiation to the right lower extremity. She also reported three weeks of mood swings, feeling down, anxiety, and crying without reason. The physical examination documented lumbar muscle spasms and decreased sensation on the left L5 dermatome. She was noted to weep during the office visit. The plan of care included ongoing medication therapy, TENS unit, and psychiatrist evaluation and trial of cognitive behavioral therapy. The appeal requested authorization for a trial of six (6) cognitive behavior therapy sessions. The Utilization Review dated 9-10-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, trial, 4-6 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations. 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) 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 cognitive behavioral therapy, trial 4 to 6 visits; the request was non-certified by utilization review which provided the following rationale: "The patient had been feeling that the neuropathic pain was increased. The patient had been having mood swing starting three weeks ago. The patient fell down and loss of interest in doing things. The patient felt anxious and cried without any reason. The patient denied any family contact. The patient also had passing suicidal ideation with no actual plan." There is no indication of objective functional improvement documented. Therefore based on the medical records provided for review, the request for trial for cognitive behavioral therapy is not medically necessary. This IMR will address a request to overturn the utilization review decision. All the medical records that were provided for this IMR were carefully considered, the medical appropriateness of this request appears to be substantiated by the clinical documents. The patient has been experiencing delayed recovery, is undergoing conservatives treatment but continuing to remain symptomatic and is reportedly developing psychological symptomology at a clinically significant level. There is no comprehensive intake psychological evaluation provided for consideration and substantiation for this request, however according to the MTUS guidelines not all patients require a psychological evaluation. In this case, there is no overwhelming evidence suggesting

that a full comprehensive psychological evaluation would be needed. Psychiatric treatment has been recommended but it is not clear, whether it has been completed or if a psychiatric evaluation has been undertaken. The utilization review rationale for non-certification of this request was that there was no evidence of objective functional improvement, however because there has not been as far as could be determined any psychological treatment provided so far there would not be expected to be any psychological related improvement. It is assumed the utilization review was referring to physical improvements, which is not relevant to the mental health treatment in question. An initial treatment trial consisting of 4-6 visits is supported by the Official Disability Guidelines, which suggest that a typical course of psychological treatment consists of 13 to 20 sessions. Prior to the authorization of an extended amount of treatment an initial brief treatment trial is recommended consisting of 4 to 6 sessions in order to determine whether or not the patient is benefiting from the treatment. Because this request appears to be reasonable and medically appropriate, the utilization review decision is overturned.