

Case Number:	CM15-0202525		
Date Assigned:	10/19/2015	Date of Injury:	03/12/2011
Decision Date:	11/30/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/15/2015

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 59 year old female, who sustained an industrial injury on 3-12-2011. The injured worker (IW) is being treated for depressive disorder secondary to medical condition, and somatic symptoms disorder with persistent pain, severe. Treatment to date has included surgical intervention (lumbar surgery x2), diagnostics, medications, injections, physical therapy, wheelchair, bracing, and psychological evaluation and treatment. Per the Progress Report dated 9-02-2015 the injured worker reported chronic low back pain currently rated as 8 out of 10, 7-8 out of 10 on average and 9 out of 10 at its worst. She has radicular pain in both legs. She has not yet completed a course of behavioral medicine in the past. She has partial relief with her current analgesic medications which maximize her level of physical function and improve her quality of life. Objective findings included spasm noted in the lumbar paraspinals and gluteus muscles with guarding of the left lower extremity. Per the Pain Management Consultation dated 7-01-2015 the IW was last in psychotherapy around 2012. "Feelings of helplessness and hopelessness are very strongly in evidence" and she needs assistance with showering and bathing and rarely leaves the house. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with any prior psychological treatment. Work status was permanent disability. The plan of care included medications, injections, functional capacity evaluation and recommendations provided by "██████████." Authorization was requested for 10 (1x10) behavioral medicine visits. On 9-16-2015, Utilization Review non-certified the request for 10 (1x10) behavioral medicine visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral medicine visits, 1 visit per week for 10 weeks (10): 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 (ODG), Cognitive Behavioral Therapy (CBT).

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 10 behavioral medicine visits, one time per week for 10 weeks. The request was non-certified by utilization review which provided the following rationale for its decision: "the patient has previously undergone similar behavioral treatments with no significant documentation of functional improvement. Therefore, the request is not medically necessary for this patient and there is no significant rationale provided to justify an exception to the MTUS recommendations for this patient." This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully considered for this IMR the consisted of approximately 80 pages. The patient had a psychological comprehensive evaluation conducted on July 1, 2015 and was noted that the patient last had "counseling with my associate [REDACTED] in 2012 for four sessions." She also noted that "in the past she saw a psychiatrist on two occasions who gave her an antidepressant, but it never got filled." At that time she was diagnosed with the

following: Depressive Disorder Secondary to Medical Condition, High Moderate Severity and Somatic Symptoms Disorder with Persistent Pain, Severe. The MTUS and official disability guidelines (ODG) do support the use of psychological treatment cognitive behavioral therapy for properly identified patients. This patient does appear, based on the July 1, 2015 evaluation, to be such a patient. The patient is reported to have received prior psychological treatment in 2012. Medical records from this prior treatment were not provided and is not clear how much treatment was received. This appears to be a request to start a new course of psychological treatment. The MTUS guidelines and the official disability guidelines recommend an initial treatment trial consisting of 3 to 4 sessions (MTUS) and 4 to 6 sessions (ODG). This request is for 10 sessions and exceeds both guidelines for an initial treatment trial. The purpose of the initial treatment trial is to determine whether or not the patient is responding positively to the treatment. In this case, an exception can be made to extend the initial treatment trial, however it should be noted that according to the MTUS guidelines the total quantity of treatment recommended for most patients is 10 sessions which would represent this entire request. The official disability guidelines do allow for a slightly longer course of psychological treatment 13 to 20 sessions maximum for most patients. This would be contingent upon documentation of patient benefit including objectively measured functional improvement as a direct result of treatment. In this case medical reasonableness, and appropriateness, of the request is established and utilization review decision is overturned. The request is medically necessary.