

Case Number:	CM15-0020510		
Date Assigned:	02/10/2015	Date of Injury:	05/09/2013
Decision Date:	03/25/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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 male who sustained a work related injury while lifting a sack of grass, mostly low back pain, May 9, 2013. According to a physician's visit note dated January 12, 2015, the injured worker presented for a follow-up with complaints of low back pain, 8/10, described as aching, burning and sharp. His current medications are Cyclobenzaprine, Lexapro, Ultracet and Lunesta. Physical examination reveals range of motion is restricted with flexion limited to 20 degrees by pain and extension limited to 5 degrees by pain. On palpation, paravertebral muscles tenderness is noted on the right. Spinous process tenderness noted L1 and L2. Straight leg raising test is positive on both sides at 90 degrees in a sitting position. Diagnoses are lumbago; myalgia and myositis not otherwise specified and depressive disorder, not elsewhere classified. Treatment included refill of medications, second opinion for possible anterior lumbar fusion L5-S1, continue session with pain psychologist, and continue ice/heat and exercise. According to utilization review dated January 28, 2015, the request for Urgent Cognitive Behavioral Therapy x 10 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s). Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, February 2015 update

Decision rationale: Citation: 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) allow a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: A request was made for 10 additional sessions of cognitive behavioral therapy, the request was non-certified by utilization review. The provided rationale stated that: "Clarification is needed regarding the total number of cognitive behavioral therapy sessions completed to date. Records suggest that these 10 sessions attended. There is no objective evidence of functional improvement to support additional sessions. Results of any standard psychological tests evidence progress or document gains in therapy were not provided." With regards to this request for 10 additional cognitive behavioral psychotherapy sessions, the medical records that were provided for consideration do not support the medical necessity of the request. Continued psychological treatment is contingent upon all 3 of the following factors being clearly documented and evidenced. Significant patient symptomology, evidence of objective functional improvement as a direct result of psychological treatment, and that the total quantity of sessions provided to date is consistent with the MTUS/ODG guidelines. An adequate amount of treatment progress notes were provided that established continued patient symptomology as well as patient benefit from prior treatment there were no objectively measured indices of progress (e.g. Beck Depression Inventory or similar). More importantly, the total number of treatment sessions provided to date was not clearly stated in the documents that were provided. Most of the progress notes that were provided did contain a session number for example 1/6 indicating one session being held out of 6 authorized and while this information does provide a sense of how many sessions have been approved and used relative to the authorization it is not a cumulative total which is what is needed in order to determine the

appropriateness of additional sessions. According to the official disability guidelines course of psychological treatment consisting of 13-20 sessions is appropriate for most patients. Because the total number of sessions at the patient is had to date was not clearly stated it could not be determined whether this request exceeds guidelines are not. The medical records seem to indicate that at least 10 sessions have been provided to date perhaps more, but as was already stated the quantity could not be determined definitively. Therefore the medical necessity the request is not established. Because medical necessity is not established, the request to overturn the utilization review determination is not approved.