

Case Number:	CM15-0022568		
Date Assigned:	02/12/2015	Date of Injury:	04/15/2012
Decision Date:	03/25/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/06/2015

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 54 year old male who sustained an industrial injury on 4/15/12 involving neck and back due to cumulative trauma. Currently he is experiencing worsening depression and chronic pain in the low back with radiation to the right buttocks and right lower extremity with numbness and tingling. In addition he has sleep disturbances due to pain. Medications are gabapentin, Ibuprofen and Norco. Diagnoses include chronic cervical strain, multilevel degenerative changes at right C5-6; chronic lumbosacral strain, degenerative joint and disc disease at L3-4; depression. Treatments to date include physical therapy, medications, cervical and lumbar epidural injections. Diagnostics include abnormal cervical MRI (11/13/12); abnormal MRI lumbar spine (6/26/14). Progress note dated 1/7/15 indicated the treating providers request for additional 6-8 cognitive behavioral therapy sessions citing that the injured worker is emotionally and physically fatigued by chronic pain and financial stress. Progress note dated 10/13/14 indicates the functional restoration program offers the most appropriate treatment to restore lost function and develop tools to self-manage pain and other related symptoms. On 1/14/15 Utilization Review non-certified the request for outpatient cognitive therapy times 6 citing MTUS: Chronic pain medical treatment Guidelines (Functional Restoration Programs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cognitive behavioral therapy times six (6) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines, February 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 measureable/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. According to the utilization review determination for non-certification, the patient has received 12 sessions of individual psychotherapy along with 160 hours of a functional restoration program. He continues to report depression, hopelessness, and emotional and physical fatigue. The rationale for non-certification of continued psychological treatment is stated that there is insufficient information regarding objective functional improvements as a result of individual psychotherapy. In addition, the current MTUS guidelines note that the conclusion of a functional restoration program reenrollment in repetition of the same or similar rehabilitation programs is not medically warranted for the same conditioner injury with the exception of the possible organized detox. This IMR will address a request to overturn that decision. There is limited documentation regarding the number of treatment sessions the claimant has attended to date or specific objective functional improvements as a result of prior treatment. Although there is some limited documentation of progress notes from 2014, there is no indication of when he started psychological care under this or any providers and how much outpatient psychological treatment patient has received to date since the time of his injury. Continued psychological treatment is contingent upon the total number of sessions being requested conforming with the MTUS/official disability guidelines. Because the total number of sessions at the patient has received to date from the time of his injury was not reported this information cannot be determined. Because this could not be determined the medical necessity

the request was not established, therefore the request to overturn the utilization review decision is not approved