

Case Number:	CM15-0047704		
Date Assigned:	03/19/2015	Date of Injury:	10/03/2013
Decision Date:	07/02/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/13/2015

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 was a 52 year old female, who sustained an industrial injury, October 3, 2013. The injured worker previously received the following treatments random toxicology laboratory studies which were negative for any unexpected findings, Ibuprofen, Cyclobenzaprine, Ultram, Tramadol, Lexapro, Lidoderm patches, Oxycodone, Gabapentin, Venlafaxine, Nabumetone, thoracic spine MRI, lumbar spine MRI, physical therapy and TENS (transcutaneous electrical nerve stimulator) unit for 30 minutes daily. The injured worker was diagnosed with thoracic, low back pain, lumbar disc displacement without myelopathy, lumbar facet syndrome and mild lumbar spondylosis without significant canal or foraminal narrowing. According to progress note of January 27, 2015, the injured workers chief complaint was mid and lower back pain. The injured worker rated the pain at 7 out of 10 with pain medications and 10 out of 10 without. The physical exam noted the injure worker's complaint of anxiety and depression. The treatment plan included cognitive behavioral psychological treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four to six sessions of cognitive behavioral psychological treatment: 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 Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 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) 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 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 the meta-analysis of 23 trials. Decision: Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. The provided medical records do not support the requested treatment. The utilization review rationale for its decision is unknown and was not included in the provided documentation. According to a primary treating physician progress note from December 5, 2014 under the title of "Psychiatric review of systems" it is noted that there is an absence of mood swings and suicidal thoughts and ideation as well as an absence of excessive sleeping. She is taking Lexapro 10 mg one time per day. It is noted that the patient is reporting that the medication is not helping with her mood anymore, she is it angry and emotional quickly, and an attempt to increase the Lexapro to 20 mg daily was underway. Is also noted that there is a request to refer her to a pain psychologist [REDACTED] or to 6 sessions of cognitive behavioral therapy is recommended by evaluating psychologist (also not included). It appears that the evaluation was done by a psychiatrist rather than a psychologist but this is not entirely clear. According to a supplemental medical legal report from January 25, 2015, the patient was considered for a functional restoration program and showed symptoms of anxiety tension depression and functional deficits and adjustment difficulties as well as depression and anxiety. It is not clear how many prior sessions, if any, of psychological treatment the patient has received to date. There were no psychological treatment progress notes from prior psychological sessions provided by the primary treating psychologist. It was noted that on April 1, 2014 she received a psychological evaluation from [REDACTED] (not included for consideration) including a

request for treatment authorization. Is not clear how much individual psychological, if any, treatment was received at that time or subsequently. In addition it is not clear how if she has had any psychological treatment from the date of her injury. It could not be determine if this is perhaps a request to start a new course of psychological treatment for a patient who is not received any in the past or if this is a request to continue an already in progress course of psychological treatment. The results of any prior psychological treatment, if any has occurred is not provided and there is no evidence of objectively measured functional improvements derived from prior psychological treatment. In the absence of detailed information regarding this patients prior psychological treatment, or a clear indication that this is a request for a new course of treatment for a patient who has not received any prior, the medical necessity of this request was not established. This is not to say that the requested treatment is not medically necessary, only that the medical necessity was not established by the provided documentation for this request. Because of this reason the utilization review determination is upheld.