

Case Number:	CM15-0055012		
Date Assigned:	03/30/2015	Date of Injury:	12/22/2002
Decision Date:	05/04/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/23/2015

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 58 year old female, who sustained an industrial injury on 12/22/2002. Currently, the injured worker complains of burning and tingling sensation in her left lower extremity and dull, aching spasms in the right lower extremity. She felt that her feet had become numb. She felt hopeless and helpless. She had difficulty with bathing, dressing and basic daily activities. Medications included Hydrocodone, Seroquel, Gabapentin, Trazodone, Savella, Xanax, Ambien, Diovan, Metoprolol and Hydrochlorothiazide. Assessment included chronic pain syndrome status post work related injury with resultant disc herniation and low back pain with evidence of chronic pain syndrome, progressive disc disease, and lumbar radiculopathy, severe spinal stenosis with recent acute exacerbation and flare-up now with progressive lower extremity weakness. She also had a history of recurrent falls and gait disturbance. Low back pain was also noted. Treatment plan included electrodiagnostic studies, multi-disciplinary pain management program and home care services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy sessions x 12: Upheld

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

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 Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines, March 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) 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: Is noted in the medical records that the patient is exhibiting severe depression and periodic bouts of acute mental illness to the extent of requiring hospitalization for potential suicide risk. This request is for 12 sessions of cognitive behavioral outpatient psychotherapy. Medical appropriateness and necessity of the request could not be established based on the limited documentation that was provided for consideration for this independent medical review. The documentation was provided does not contain sufficient information about the patient's prior psychological treatment history. Continued psychological treatment is contingent upon all 3 of the following being documented clearly: significant patient psychological symptomology, that the total requested quantity of treatment sessions conforms with MTUS/official disability guidelines as noted above, and that there has been significant patient benefit from prior psychological treatment including objectively measured functional improvement indices. There was no discussion whatsoever regarding this patient's prior psychological industrial -related treatment. In addition, no comprehensive psychological evaluation for this patient was provided. It is assumed that this patient has received prior industrial related cognitive behavioral therapy if the patient has not had any prior i/r then the request for 12 sessions does not conform with the recommended MTUS treatment protocol for a brief initial treatment trial consisting of 3 to 4 sessions. If the patient has had prior cognitive behavioral industrial related injury treatment there is no documentation provided regarding that course of treatment and its outcome, if any because of this reason the medical necessity of the request was not established. Because medical necessity request was not established, the request to overturn the utilization review determination for non-certification is not approved. This is not to say that the patient does, or does not need psychological treatment only that this particular request was not medically necessary.