

Case Number:	CM15-0056261		
Date Assigned:	04/01/2015	Date of Injury:	02/24/2014
Decision Date:	05/05/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

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 23 year old male who sustained an industrial injury on 2/24/14. The injured worker reported symptoms in the back and difficulty swallowing. The injured worker was diagnosed as having closed dorsal vertebra fracture T1-T6 level with unspecified spinal cord injury, dysphagia, and other pain disorder related to psychological factors. Treatments to date have included physical therapy, home exercise program, and oral analgesic. Currently, the injured worker complains of pain in the back and difficulty swallowing. The plan of care was for cognitive behavioral therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, 1 time per week for 8 weeks (8 sessions): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 100-102.

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

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 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 8 sessions of cognitive behavioral therapy one time per week for 8 weeks. Utilization review decision was for non-certification the following rationale provided: there is no documentation of cognitive deficits which have resulted in behavioral disorder. There is no current psychological evaluation to provide an explanation for any continuing or exacerbated pain complaints, pain behavior, and dysfunction and therefore provide a basis for intervention." Approximately 96 pages of medical records were received in carefully considered for this independent medical review. According to a note from the patient's primary treating physician from October 21, 2014 states "the patient has a history of T spine fractures after a traumatic fall over 6 months ago and has failed conservative care. Patient needs intervention to manage pain at home with goals were returned to work. Solidify self-management of pain. Would benefit from home program for managing stress of injury and pain." Patient fell approximately 4 feet from the scaffolding landing on his back and has multiple fractured vertebrae. The utilization review rationale for non-certification was not sustained based on the medical records provided. Although the UR rationale correctly states that no psychological evaluation has been conducted, a psychological evaluation is not required in order to start cognitive behavioral therapy treatment as long as the patient has been properly identified as someone who might need and benefit from psychological treatment. The patient appears to have delayed recovery as well as difficulty coping with his injury and while the UR observations are correct that there is not a preponderance of discussion of the patient psychological sequelae that has related from his industrial injury there is a sufficient notation by the primary treating physician for a reasonable rationale for the request. The issue in the requested remains is that the request is for 8 sessions. The MTUS suggests an initial brief treatment trial consisting of 3 to 4 sessions to determine whether or not the patient is benefiting from the treatment. The official disability guidelines allow for an initial treatment trial consisting of 4-6 sessions in order to determine patient benefited. Continued psychological care is contingent upon establishing

medical necessity which typically is done by all 3 of the following factors being documented: significant patient psychological symptomology, requested quantity of sessions consistent with MTUS guidelines, and documentation of objectively measure functional improvements based on prior treatment. The issue of patient psychological symptomology has been marginally but satisfactorily documented, however this request does ignore treatment guidelines and initial treatment protocol which is typically 3 to 4 sessions initially but can sometimes be extended to 6 sessions in this case the request for 8 sessions exceeds even the more generous guidelines for the recommended initial treatment trial. Because the patient has not had any prior psychological treatment the last condition is not relevant. Although this request does not precisely match the treatment guidelines there are some occasions where an exception can be made. Given that this patient has suffered a traumatic work-related injury and was subsequently let go from his place of employment and appears to be suffering psychological sequelae per MD as a result the issue of this request not following exactly the treatment protocol for an initial brief treatment trial can be overlooked due to outweighing potential benefit by providing care for this injured worker at this juncture. If additional sessions are requested after the completion of this 8 sessions must be submitted with ample documentation to support the medical necessity of the request including detailed objectively measured documentation of patient functional improvement and benefit, if any, from these sessions. Therefore the medical necessity and reasonableness of the request has been established in the utilization review finding for non-certification is overturned.