

Case Number:	CM15-0056611		
Date Assigned:	04/27/2015	Date of Injury:	01/05/2013
Decision Date:	05/22/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/25/2015

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 56 year old male who sustained an industrial injury on January 5, 2013. He has reported low back pain and has been diagnosed with bilateral lumbosacral sprain/strain and left radiculopathy. Treatment has included medications, modified work duty, acupuncture, chiropractic care, and physical therapy. Recent report noted the injured worker developed pain in his low back extending down to his buttocks and back of the left thigh. The treatment request included 6 CBT visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavioral Therapy (CBT) Visits: 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 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 6 sessions of cognitive behavioral therapy, the request was non-certified by utilization review which authorized a modification for 3-4 visits of CBT. According to the provided medical records, the patient had a comprehensive psychological evaluation in January 2015 and was properly identified as a patient who may benefit from psychological treatment. As best as could be determined, the patient has not received any prior psychological treatment. Both the MTUS and ODG guidelines for psychological treatment specifically state that an initial treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG) shall be provided in order to establish whether or not the patient benefits from the requested treatment. Patient benefit is defined in terms of objectively measured functional improvements (e.g. increased activities of daily living, reduction in dependency on medications or future medical care, increased home exercise and increases in socialization with a reduction in work restriction if applicable were engaging in activities such as volunteering if not) with documentation of objectively measured functional benefit from prior the initial treatment trial, additional sessions can be authorized pending establishment of medical necessity, typically 13 to 20 sessions maximum for most patients with some exceptions in rare cases of severe major depression/PTSD. Because this appears to be a request for a new treatment the proper protocol should be followed per MTUS guidelines. The request for 6 sessions of cognitive behavioral therapy was modified by utilization review to allow for 4 visits as an initial treatment trial per MTUS guidelines. The request is not medically necessary and the utilization review modification is found to be appropriate and that decision is upheld.