

Case Number:	CM15-0057317		
Date Assigned:	04/02/2015	Date of Injury:	04/17/2012
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
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 39 year old male who sustained an industrial injury on 4/17/12. The injured worker reported symptoms in the back. The injured worker was diagnosed as having lumbar discogenic syndrome, lumbosacral or thoracic neuritis or radiculitis, and lumbar sprain/strain. Treatments to date have included status post lumbar surgery on 11/6/14, physical therapy, oral pain medication, proton pump inhibitor, topical cream, home exercise program, and transcutaneous electrical nerve stimulation unit. Currently, the injured worker complains of back pain. 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, 4-6 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) guidelines.

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. A request was made for 4-6 sessions of cognitive behavioral therapy, the request was non-certified by utilization review which offered a modification to allow for "one visit with a psychologist for evaluation to determine if he would be a good candidate for a brief course of cognitive behavioral therapy to address any deficiencies and coping skills." Although a psychological evaluation is an appropriate and needed intervention and the utilization review noted as such, based on the patient's delayed recovery despite extensive physical medicine interventions, the requested trial for 4 to 6 sessions of cognitive behavioral therapy is also apparently appropriate based on the patient's clinical presentation as described in the medical records. Using the patient health questionnaire PHQ-9 the patient endorsed nearly every day having the following psychological symptoms: feeling down and depressed or hopeless, trouble staying asleep or falling asleep, having little or no energy, poor appetite or overeating, and trouble concentrating on things like reading the newspaper and watching television. The MTUS guidelines specifically state that an initial brief treatment trial consisting of 3 to 4 sessions should be offered for a new course of cognitive behavioral treatment in order to determine patient benefit. The official disability guidelines allow for a somewhat more generous initial treatment trial consisting of 4 to 6 sessions. This initial brief treatment trial is to allow enough time to see whether or not the patient responds to the treatment with improved levels of objectively measured functional improvements and other forms of patient benefit. While the psychological evaluation is beneficial and appropriate is not necessary to wait for the completion of what can be a lengthy document in order to start the initial treatment trial of cognitive behavioral therapy. Because this request is medically appropriate and reasonable the utilization review determination of non-certification is overturned and the Request is medically necessary.