

Case Number:	CM14-0166821		
Date Assigned:	11/12/2014	Date of Injury:	08/21/1990
Decision Date:	12/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/09/2014

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. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records that were provided for this IMR, this patient is a 55 and 11 months year old female who reported a work-related injury that occurred on August 21, 1990. The mechanism of injury was not provided. She reports low back pain that radiates down her right leg down to the foot. She is currently working as a full-time teacher. A partial/incomplete list of her medical diagnoses include: lumbar disc disease, post laminectomy syndrome, lumbar spine; lumbar spine radiculopathy. This review will address her psychological symptoms as they relate to the current requested treatment Six monthly PR-2 progress notes from 2014 (Jan-Oct) were found that state that the patient "denies depression, nervousness, mood swings, or sleep disturbance. In September 2014 the pain medication Percocet was discontinued by her primary physician due to irregular use patterns. At that time primary physician requested authorization for cognitive behavioral therapy to "help the patient utilize techniques of relaxation to help her deal with chronic pain state." The request was repeated again in October 2014 with the physician stating: "I would like to request authorization for cognitive behavioral therapy. This therapy will hopefully teach the patient how to use of effective techniques and not to rely on her pain medications. So we can start weaning her off of her MS Contin." A request was made for: "cognitive behavioral therapy evaluation and treatment." The quantity of sessions for the cognitive behavioral therapy was unspecified. Utilization review modified the request to allow for one cognitive behavioral therapy evaluation, and did not approved the unspecified quantity of treatment. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown cognitive behavioral therapy evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Cognitive behavioral therapy Page(s): 23-24, 100-101.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Regarding CBT, the MTUS treatment guidelines, psychological treatment say it is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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 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. Up to 50 sessions can be offered in cases of Severe Major Depression or PTSD if progress is being made. With regards to the requested procedure, the request combines two modalities, a psychological evaluation, and psychological treatment. Utilization review determination stated that they would modify the request to allow for an evaluation and not certify the treatment. This was the correct decision. This patient was injured in 1990, and there was no documentation provided with regards to her prior psychological treatment history. Information regarding her prior psychological treatment history is needed in order to establish the medical necessity of this request. As the request has been presented, the use of psychological treatment to help the patient develop coping skills to cope with chronic pain and to help facilitate opiate pain medication may be medically appropriate, contingent upon her prior psychological treatment history, if any. Without knowing when she last had psychological care, and what the outcome was in terms of objective functional improvement, if any, the medical necessity of this request is not established. The medical necessity for cognitive behavioral therapy with an unspecified number of sessions was also not established. Requests for psychological treatment need to contain a specific quantity in order to determine if the request conforms to the above-mentioned guidelines therefore request is not medically necessary.