

Case Number:	CM14-0182718		
Date Assigned:	11/07/2014	Date of Injury:	07/06/2011
Decision Date:	12/15/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 licensed 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 47-year-old female who reported a work-related cumulative trauma injury that occurred on July 5, 2011. She reports pain in her low back that occurred while she worked as a department secretary. Medical diagnoses include: chronic low back pain with facet syndrome, right hip abductor tendinitis, obesity and deconditioning, pain syndrome. Prior treatments of included physical therapy, medication management, psychological pain management treatment through [REDACTED]. This review will address her psychological symptoms as they relate to the current requested treatments. The records state she spends most of the day shut off in her room lying in bed and stop doing home exercise program taught by the physical therapist because of fear avoidance of aggravation of pain and also because of emotional factors. According to a September 30, 2014 PR-2 psychological progress report, the patient reports experiencing: "feelings of sadness, social avoidance, fatigue, lack of motivation, low self-esteem, sleep disturbance, and states that she is depressed because of the quality of her life has decreased. She reportedly is also experiencing decreased hope for the future, slow cognitions, and distractibility with the presence of suicidal ideation. Anxiety and stress is also reported mostly caused by work interpersonal conditions and obsessive rumination, irritability around interpersonal issues and social avoidance. She has been prescribed Ativan and Cymbalta. Beck Depression Inventory score of 26 places her in the moderate range of clinical depression and Beck anxiety inventory of 8 which is suggestive of mild anxiety. She has been diagnosed with Major Depression, Single Episode, Moderate; Generalized Anxiety Disorder; and Insomnia. There was no documentation of objective functional improvement with prior treatment. The total number of treatment sessions that she has had date was not specified. Treatment progress note from October 28, 2014 indicates "session number 6" however this appears to not be a cumulative total but they number relative to the

current authorization. An initial psychological evaluation occurred in July 2013, this suggests that the current treatment course started at that time. Is not clear if prior treatments were offered. Treatment progress notes suggests that the patient has been "doing better emotionally and psychologically due to cognitive behavioral therapy process and has made behavioral changes that have impacted her depression, isolation, and anxiety. She participated in a functional restoration program in December 2013 for 6 weeks and returned to work afterwards in January 2014. A request was made for 6-10 cognitive behavioral therapy sessions, and one follow-up visit over a two-month period. Both requests were non-certified, 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:

Cognitive behavioral therapy qty: 6-10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, November 2014 Update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment 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. The medical necessity of the requested additional 6-10 sessions was not established by the documentation provided. Medical necessity for psychological treatment is contingent on the presence of significant symptoms as well as documentation of specific benefit from treatment, including functional improvement. Although there was some documentation of functional improvement over the course of her current treatment the patient's current course of psychological treatment appears to have started, in 2013. The exact date of treatment initiation was not specified, the total number of sessions the patient has received to date was not specified the details of prior treatments from the time of her injury up until now was not specified. There is no documentation the patient has been developing or instructed in any coping skills for independent dealing with pain symptoms. There is no documentation of a specific time-limited treatment plan to transition the patient independent home-based pain coping. While the MTUS treatment guidelines to support cognitive behavioral therapy, they indicate that treatment should be directed towards the goal of independent function. Because the medical necessity for the 6 visits of psychological treatment has not been established, the requested 6 visits of psychotherapy are therefore not medically necessary.

Office follow up 1 visit over the course of 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 406.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: office visits, November 2014 update

Decision rationale: Although the MTUS is nonspecific for psychiatric evaluation, the ODG addresses it indirectly as Office Visits, Evaluation and Management (E&M) stating that they are recommended to be determined as medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in the proper diagnosis and return a function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care professional is individualized based on a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment." The medical necessity for one office visit over the course of 2 months is not established. The patient has had unknown quantity of prior psychological treatments. This request is considered the same as a session of psychotherapy. As was discussed in the above section for the requested cognitive behavioral therapy sessions, the medical necessity was not established due to prior treatment exceeding recommended guidelines for quantity and treatment duration as well as the above stated reasons.