MAXIMUS Federal Services

Case Number:	CM14-0148404		
Date Assigned:	09/18/2014	Date of Injury:	09/08/2007
Decision Date:	03/13/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/12/2014

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. 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 50 year old female, who sustained an industrial injury on 9/08/2007, while working as a concession worker for 20 years, from repetitive bending, stooping, lifting, pushing, and pulling. The diagnoses have included lumbar sprain/strain, sacroiliac sprain/strain, chronic pain, and pain disorder with psychological factors. Treatment to date has included conservative treatment. Currently, the injured worker complains of chronic back pain, rated "greater than 10/10". She had not had pain medications since July 2014 due to denial of coverage. She was noted as last seen by psychology on 12/20/2013 and was advised ongoing regular psychotherapy and cognitive behavioral therapy. She denied suicidal ideation, was pleasant, and was alert and oriented. Physical exam revealed tense lumbar paravertebral muscles and decreased active range of motion. She was able to walk up to 8 steps only and was unable to continue due to low back pain. Current medications were not documented. Treatment plan included a request for psychotherapy, including cognitive behavioral therapy sessions.
On 9/02/2014, Utilization Review (UR) non-certified a request for Cognitive Behavioral Therapy, (6 sessions). The UR physician cited MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) cognitive behavioral therapy sessions: Upheld

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 (ODG), Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines

Decision rationale: Guidelines: 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 recommend 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. 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.Utilization review noncertified the request for 6 sessions of cognitive behavioral therapy with the following rationale: Guidelines recommend a trial of 3-4 visits if there is documentation of failure with physical therapy. If there is objective functional improvement the patient may complete a total of 6-10 visits.While the utilization review rationale for non-certification is an accurate because there is not a requirement that the patient have failure with physical therapy to begin psychological treatment, the documentation that was provided for consideration for this IMR was insufficient to demonstrate medical necessity of the request. It appears that the patient has had prior psychological treatment that occurred in 2013 however it is not clear how much therapy she received that time and whether or not she benefited from it. The patient was injured in 2007 there's no information regarding how much psychological treatment she has received from 2007 through 2013. No psychological documentation was provided whatsoever for this review. The total medical records consisted of 33 pages and there was no psychological clinical documentation provided for consideration within those 33 pages from her prior treating psychologist or psychotherapist. There's no documentation of what transpired in her prior treatment. Continued psychological treatment is contingent upon the following: documentation of significant patient psychological symptomology, documentation of patient benefit from prior psychological treatment sessions including objective functional improvement, and that the total quantity and duration of treatment

falls within the stated guidelines. None of these factors were adequately addressed in the request for continued treatment. Due to insufficient documentation medical necessity cannot be established, because medical necessity could not be established utilization review determination for non-certification is upheld.