

Case Number:	CM14-0061885		
Date Assigned:	07/11/2014	Date of Injury:	05/30/2007
Decision Date:	05/28/2015	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/03/2014

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. 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 45 year old male, who sustained an industrial injury on May 30, 2007. He reported chronic low back pain and depression. The injured worker was diagnosed as having lumbago, abnormal loss of weight, depressive disorder, lumbar or lumbosacral disc degeneration and lumbar disc disorder. Treatment to date has included diagnostic studies, psychotherapy, medications and work restrictions. Currently, the injured worker complains of low back pain and depression. The injured worker reported an industrial injury in 2007, resulting in the above noted pain and associated symptoms. He was treated conservatively without complete resolution of the pain or symptoms. He continued to become more depressed and complained of chronic fatigue, social isolation and anxiety. Evaluation on February 25, 2014, he attended a crisis psychotherapy visit after becoming overly upset. He was noted to have a blunted affect and depressed mood. Six sessions of pain management psychotherapy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of pain management psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. 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 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 6 sessions of pain management psychotherapy. The request was non-certified by utilization review with the following provided rationale: "evidence-based guidelines allow a total of up to 10 sessions of cognitive behavioral therapy for the treatment of chronic pain. Clinical records in this case indicate the patient has had at least 10 prior therapy sessions. The 4/9/2014 report by [REDACTED] noted the patient has received 6/6 sessions. The patient had received for prior sessions. Given the fact that the patient has reached the guidelines recommended amount of cognitive behavioral therapy sessions, continuing with additional visits is not appropriate. Therefore given the lack of guideline support as discussed, the request for 6 cognitive behavioral therapy sessions is non-certified." This IMR will address a request to overturn that decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. While it is true that the MTUS guidelines recommend a maximum of 6 to 10 sessions of cognitive behavioral therapy, the official disability guidelines are slightly more generous and allow a course of psychological treatment to consist of 13-20 sessions maximum for most patients; however patients suffering from severe Major Depression or PTSD may receive an exemption to allow up to 50 sessions with documentation of patient benefit/objectively measured functional improvement as a result of treatment as well as documentation of continued medical

necessity. In this case, the patient appears to be making significant gains as a result of the initial treatment and reports decreased irritability and better ability to follow daily exercise routine and pacing at home. However, the total quantity of sessions provided to the patient is unknown and was not clearly stated in any of the provided documents for this review. There are indications that the patient has received a very lengthy and generous course of psychological treatment with progress notes found that dating back to 2013 and a notation in a qualified medical exam that from 2010 that the patient should "continued psychological cognitive behavioral therapy". Because the total duration of the treatment is unknown and there is no report of the total quantity of sessions provided to date, is not possible to determine whether or not the request for 6 additional sessions exceeds guidelines or falls within them. Because of this reason the medical necessity the request could not be established and therefore the utilization review determination is not medically necessary.