

Case Number:	CM15-0010183		
Date Assigned:	01/27/2015	Date of Injury:	12/23/2011
Decision Date:	03/17/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/16/2015

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 59 year old female, who sustained an industrial injury on 12/22/2011. The diagnoses have included low back pain, lumbar degenerative disk disease, and lumbar spinal stenosis. Treatments to date have included physical therapy, chiropractic therapy, and medications. Diagnostics to date have included MRI of the lumbar spine on 06/26/2013 which showed degenerative disk disease at L4-5 and L5-S1 with grade I anterior pseudospondylolisthesis of L4 on L5 secondary to degenerative joint disease of the facets with severe central spinal stenosis and right and left lateral stenosis at L4-5 levels. In a progress note dated 12/22/2014, the injured worker presented with complaints of low back pain which radiates to the right leg. The treating physician reported additional concerns about surgery. Utilization Review determination on 01/08/2015 modified the request for Psychotherapy 10 visits to Psychotherapy 6 visits citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 10 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment index, 11th Edition, 2014, Mental Illness & Stress, Cognitive therapy for depression

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral interventions, Cognitive behavioral therapy, see also Psychological Treatment. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines

Decision rationale: Citation: 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 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. Decision: The medical records that were provided for consideration for this IMR were carefully reviewed. No psychological treatment progress notes were provided, nor was a comprehensive psychological evaluation. It could not be determined if this is a request for continuing an ongoing treatment program that is already in progress, or if this is a request to start a new course of psychological treatment. According to the utilization review determination, the request was modified to allow 6 sessions, thus meeting the requirement the official disability guidelines and MTUS that a brief initial treatment trial be provided in order to determine patient response/benefit; additional session can be considered if there is objective functional improvement as a direct result of treatment and if found to be medically necessary. Psychological treatment is contingent upon documentation of patient benefits including objective measured improvements. The treatment protocol listed in both the MTUS and the official disability guidelines is clear that a brief initial treatment trial is required. Therefore the modification that utilization review provided was a correct decision and it is upheld. Medical necessity of 10 sessions is not established for this reason. Decision: Continued psychological treatment is contingent upon all 3 of these factors being met: continued patient significant psychological symptomology, total quantity and duration of treatment consistent with the above stated guidelines, and documentation of patient benefit from prior treatment including objective functional improvements.