

Case Number:	CM15-0117365		
Date Assigned:	06/25/2015	Date of Injury:	02/15/2010
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/17/2015

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 63 year old female, who sustained an industrial injury on 2/15/10. She reported initial complaints of trauma type injury to lower back and coccyx. The injured worker was diagnosed as having chronic pain syndrome; coccygeal pain; degeneration of lumbar or lumbosacral intervertebral disc; herniated lumbar disc; psychic factor associated with disease classified elsewhere; sacrococcygeal ligament strain. Treatment to date has included lumbar epidural steroid injection (5/3/10); Facet injection (5/3/10); decompression therapy directed to the low back; sacrococcygeal ligament injection; cognitive behavioral therapy; medications. Diagnostics included MRI lumbar spine (5/29/10; 4/27/11); EMG/NCV lower extremities (8/12/11). Currently, the PR-2 notes dated 5/19/15 indicated the injured worker complains of back pain. The onset was noted as 5 years ago and severity at this time is rated 8/10 with a variable duration. The problem is noted as worsening and it is persistent. The pain is in the lower back but radiates to the bilateral buttocks described as an ache, deep, discomforting and dull. Symptoms are aggravated by activities of daily living and relieved with heat, rest and medications. The provider notes the last sacrococcygeal ligament injection did not help her at all and she is still in pain. The provider lists her medications at this time as Norco, Gabapentin, Hydrocodone/Acetaminophen and Flexeril. On physical examination, the provider documents the cervical spine has mild reduced range of motion. The thoracic spine is the same with mildly reduced range of motion. The lumbar spine notes tenderness and range of motion mildly reduced. She has a normal gait. The provider's treatment plan includes a request for authorization of a PEP program/cognitive behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

PEP program/cognitive behavioral: Upheld

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

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. Pages 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: 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 including objectively measured functional improvements. A request was made for Prevent injury Enhance Performance (PEP) program/cognitive behavioral; the request was non-certified by utilization review following provided rationale: "within the medical information available for review, there is documentation of treatment with previous PEP/CBT sessions. However, there is no documentation of the number of sessions completed to date and objective functional improvement with previous sessions." This IMR will address a request to overturn the utilization review decision for non-certification. According to a primary physician treating progress note from May 19 2015 it is noted that the patient has "psychic factor associated W/disease classified elsewhere, Fairly Controlled. Go for the PEP classes/ CB classes, refer again." No additional information regarding the nature of this request was provided. A similar treatment note from April 10, 2015 was found. According to a joint panel qualified medical re- evaluation report from January 29, 2015, it is noted that the patient was referred for a psychological evaluation in parentheses date unknown, document not provided for consideration) and "has anxiety and depression and is receiving treatment for the depression." It is also noted that she has been diagnosed with "Major Depressive Disorder Which Is Chronic and Recurrent." Further noted that she is reporting feelings of depression, fatigue, insecurity and irritability with a lack of motivation for activities as well as sleep disturbance, anxiety, nervousness, and a previous desire for life with feelings of being fragile and not edge. She also reports low stress tolerance and feeling grouchy and moody disheartened. The patient's prior psychological treatment history is not clearly stated. However it is noted that she was treated by a psychologist in May 2012 and there was a recommendation for biofeedback that occurred in August 2012 it appears that her psychological treatment continued into 2013. There is a notation of an initial psycho diagnostic evaluation in March 2014 and undated treatment progress note is mentioned written by [REDACTED], that most likely occurred in 2014 as well. There was no further information regarding this prior psychological treatment in terms of session quantity and duration or outcome. There are multiple medical records indicating significant

psychiatric/psychotropic medication treatment but other than several initial intake assessments very little in terms of her prior psychological treatment. Because the MTUS and official disability guidelines are silent with regards to PEP program, the industrial guidelines for cognitive behavioral were used. The medical necessity of the requested procedure could not be established. The request itself is unclear. There is no stated quantity of treatment being requested in terms of number of sessions and duration. Also, it is not clear whether or not the requested PEP program includes the cognitive behavioral treatment or if that is a separate request. The utilization review mentions prior PEP program participation although information regarding this was not readily found to be over 600 pages of medical records received. All requests for psychological treatment reaching the IMR level need to have a quantity attached to the request otherwise it is the equivalent of unlimited and open-ended treatment for which medical necessity would rarely be established. A second issue is that she appears to have received at least some prior psychological treatment on an industrial related to basis, although this could not be determined definitively as provided medical records do not clearly indicate to what extent in terms of treatment session quantity and duration as well as outcome i.e. patient benefit including objectively measured functional improvements, if any. For these reasons the medical necessity of this request was not established. It is possible that the patient is in need of this treatment and it is medically appropriate however without further documentation supporting the request including a specific rationale for the request and hope treatment goals as well as the above-mentioned missing information the request is not supported and therefore the utilization review decision for non-certification is not medically necessary.