

Case Number:	CM15-0120071		
Date Assigned:	06/30/2015	Date of Injury:	11/07/2006
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/22/2015

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 60 year old female, who sustained an industrial injury on 11/07/2006. She has reported injury to the left shoulder and low back. The diagnoses have included lumbar degenerative disc disease; lumbar disc herniation; lumbar spine radiculopathy; left rotator cuff syndrome; chronic shoulder pain, likely secondary to failed surgery syndrome of the shoulder; and fibromyalgia/myositis. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, and surgical intervention. Medications have included Ibuprofen, Soma, Norco, Xanax, and Ambien. A progress report from the treating physician, dated 02/24/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of increasing low back pain that is mainly axial in nature; the pain is rated at its least at 3 on a scale of 0-10, and at its worst is rated at 10; the pain is at the back and left leg; she currently denies any radiation of pain; there is pain with twisting motion of the lumbar spine; pain after sitting for long duration of time and getting up; the medications help decrease the pain; it helps with taking the edge off and controlling the pain although short duration of time; she has failed several conservative therapies; she has had increasing left shoulder pain, especially with overhead activities; and she continues to have pain nocturnally. Objective findings included pain on both the sides at L3-S1 region on palpation of the lumbar facet; most tender at the L3-L5 region bilaterally with increased pain on provocative maneuver; there is pain noted over the lumbar intervertebral spaces (discs) on palpation; anterior lumbar flexion causes pain; there is pain noted with lumbar extension; on exam of the left shoulder, there is an increase in pain with the end of arc of motion; there are several healed scars noted on the left shoulder; there is

tenderness to palpation noted over the posterior aspect of the acromion; and there is a positive Neer and Hawkins maneuver. The treatment plan has included the request for cognitive behavioral therapy 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral Therapy 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and 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: Citation Summary: 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for cognitive behavioral therapy, 12 sessions; the request was non-certified by utilization review falling provided rationale: "the submitted documentation does not provide information regarding necessity of psychological treatment or information regarding a treatment plan and goals to be addressed in treatment. The reasonable necessity of the request for 12 sessions of individual psychotherapy has not been established in the request does not meet current guidelines for approval at this time." This IMR will address a request to overturn the utilization review decision of non-certification. 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. The medical necessity of the requested treatment is not established by the provided documentation. There was insufficient documentation about the patient's current psychological status to establish the basis for this request. The medical records that were provided for the patient's psychological status were from 2008 and 2009. Although there was some more recent medical records from 2015 they did not address the patient psychological status in a manner that would substantiate the need for psychological treatment. Information regarding the patient's prior psychological treatments, if any have occurred, would be needed in terms of duration and outcome. Her current psychological status and the rationale for this request would be also needed. Is unclear whether or not this is a request to start a new course of psychological treatment or restart psychological treatment. If this is a request for a brand-new course of psychological treatment then the number of sessions requested, twelve, would be inconsistent with current treatment guidelines which recommend an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions in (official disability guidelines). As was mentioned previously if this is a request to continue an already in progress course of psychological treatment then there was insufficient documentation regarding the quantity and duration of treatment sessions already provided to the patient. Because the medical necessity of this request was not established by the provided documentation, due to insufficient documentation, the utilization review determination of non-certification is upheld. This finding is not to say that the patient does, or does not, require psychological intervention only that the medical necessity of this particular request was not established by the provided documentation. The request is not medically necessary.