

Case Number:	CM15-0121465		
Date Assigned:	07/01/2015	Date of Injury:	08/24/1998
Decision Date:	07/31/2015	UR Denial Date:	06/05/2015
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 55 year old male, who sustained an industrial/work injury on 8/24/98. He reported initial complaints of back and neck pain. The injured worker was diagnosed as having radiculopathy with failed spinal surgery syndrome. Treatment to date has included medication. Currently, the injured worker complains of neck and back pain. Per the primary physician's progress report (PR-2) on 5/26/15, examination revealed pain over the lumbar intervertebral spaces with palpation, anterior lumbar flexion caused pain and also noted with extension. There is pain noted with extension of the cervical spine and painful left lateral rotation. The requested treatments include cognitive behavioral therapy sessions for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Cognitive Behavioral therapy sessions 2 times a week for 6 weeks for the lumbar spine:
Upheld

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

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 twelve cognitive behavioral therapy sessions to be held two times a week for six weeks for the lumbar spine; the request was modified by utilization review provided the following rationale for its decision: "in my judgment the clinical information provided does establish the medical necessity of a modification of this request. A modification for 3 to 4 cognitive behavioral therapy sessions over two weeks is supported within the current California MTUS chronic pain medical treatment guidelines regarding cognitive behavioral therapy. In this case cognitive behavioral therapy has proved useful in chronic pain disorders. Standard practices for an initial treatment trial of 3 to 4 psychotherapy sessions of (sic) a two week period. With evidence of objective functional improvement, additional sessions can be approved up to a total of ten sessions over six weeks." This IMR will address a request to overturn the utilization review decision and allow for all twelve of the requested sessions. Both the MTUS and the official disability guidelines for psychological treatment recommend an initial brief treatment trial. Initial brief treatment trial is to establish whether or not the patient appears likely to benefit from continued treatment. Additional sessions after the completion of the brief treatment trial may be authorized. According to the MTUS, guidelines for psychological cognitive behavioral treatment initial brief treatment trial shall consist of 3 to 4 sessions and the treatment itself typically would involve 6 to 10 sessions maximum. The official disability guidelines allow for a slightly more generous treatment course. The official disability guidelines recommend an initial brief treatment trial consisting of 4 to 6 sessions and a typical course of treatment consisting of 13 to 20 sessions with evidence of patient benefit/progress in treatment. Because this request appears to be to start a new treatment, the request for twelve treatment sessions does not take into account the need for a brief treatment trial. For this reason the request

for twelve sessions is excessive. This is not to say the patient is not an appropriate candidate for psychological treatment only that this particular request as written does not appear to follow the MTUS/official disability guidelines protocol for starting a new course of psychological treatment. In addition, it appears probable that the patient has received psychological treatment in the past. This could not be determined definitively by the provided medical records. If the patient has participated in prior psychological treatment information regarding the course of that psychological treatment in terms of duration/quantity of sessions/outcome in terms of objective improvements would be needed in order to determine whether further psychological treatment is indicated medically. For this reason, the medical necessity the request is not established in the utilization review.