MAXIMUS Federal Services

Case Number:	CM15-0129845		
Date Assigned:	07/16/2015	Date of Injury:	03/15/2013
Decision Date:	08/12/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/06/2015

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 62 year old male, who sustained an industrial injury on March 15, 2013. The injured worker reported that he was lifting product weighing approximately 50 to 100 pounds when he noted pain to the lower back. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, cervical disc degeneration, and brachial neuritis or radiculitis not otherwise specified. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the lumbar spine, status post lumbar five to sacral one of the anterior lumbar interbody fusion, electromyogram with nerve conduction velocity, and computed tomography of the lumbar spine. In a progress note dated May 19, 2015 the treating physician reports complaints of pain to the low back with intermittent left lower extremity, with associated symptoms of intermittent, tingling, and numbness and shooting pain. The treating physician also noted that the injured worker has depression, anxiety, and chronic pain. Examination reveals diminished sensation to the pin to the anterolateral left leg and the posterior left leg, decreased range of motion to the lumbar spine, and an antalgic gait. The treating physician has recommended lumbar five to sacral one posterior spinal instrumented fusion for his pseudoarthrosis. The treating physician requested an additional 12 weekly psychotherapy sessions with the treating physician noting that the injured worker feels better after his therapy sessions and was requesting continuing sessions until the injured worker has come to a decision on having a second surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 weekly psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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 Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24.

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 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. A request was made for an additional 12 weekly psychotherapy sessions; the request was non-certified by utilization review with the following edited rationale provided: "patient has already received an excessive number of treatments and there is no indication/documentation of clinically meaningful objective functional improvements from any received treatment. There is actually no supply documentation from the psychologist treating the patient since January 12, 2015, wherein there is no diagnosis or report of treatment response. The tracking of clinical progress with self-reported instruments is not meaningful in psychotherapy... That there continues to be symptoms or complaints is not relevant as the patient has already failed to manifest meaningful response to treatment over a long period of time." This IMR will address a request to overturn the utilization review decision. According to a progress note from the patient's primary treating physician from May 19, 2015: "he continues to see [redacted] for CBT and therapy sessions. I have received his report dated 5/4/15. [redacted] (the patient) makes good use of therapy process and always feels better after the sessions. He believes that the patient should be seen on a weekly basis until he makes a decision about whether he's going to have 2nd surgery. He has an appointment with his surgeon in June. The request the patient be granted an additional 12 weekly psychotherapy session." Patient also continues to participate in psychiatric treatment and psychotropic medication management. 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 this request was not adequately established by the provided documentation. Patient has been participating in psychological treatment, however there were no psychological treatment progress notes found in the paperwork provided for consideration. Is not clear how much treatment in terms of session quantity patient has received to date. It is not clear how much if any objectively measured functional improvements have been derived from prior psychological treatment. There is no treatment plan provided describing the purpose and goals for the requested treatment. In the absence of significant documentation regarding the patient's prior psychological treatment the necessity for additional psychological treatment could not be determined. Because the request is not established the utilization review decision for non-certification is upheld and is not medically necessary.