

Case Number:	CM15-0178028		
Date Assigned:	09/18/2015	Date of Injury:	08/05/2011
Decision Date:	10/22/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/10/2015

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 (IW) is a 42 year old male who sustained an industrial injury on 08/05/2011. Medical records indicate the worker is being treated for lumbar degenerative disc disease, chronic intractable pain, low back pain and depression. Treatment to date has included lumbar surgery (03-06-2012), injections (epidural steroid injection and medial branch block, spinal cord stimulator (SCS) implant (02-25-2014), modified duty, and pain medications of Oxycontin (10 mg 3xday), Topamax, Wellbutrin, and Norco (6-8 daily) . In the provider notes of 08-20-2015, the injured worker complains of back pain that is generalized and described as aching, cramping and spasmodic pain that is present on both sides and the lumbar region. Pain fluctuates in intensity. Exacerbating factors consist of squatting, standing and walking. Relieving functions consist of analgesics, medication and rest. He is on Wellbutrin and Norco. According to the 08-20-2015 notes, Wellbutrin helps his depressed mood and chronic pain. He has increased his activity which has increased his pain. He is situation post SCS implant, and it is "working somewhat". The worker is described as feeling increasingly depressed with difficulty doing things and disappointment with the SCS. He is experiencing short term memory loss and confusion. There are no quantitative or qualitative parameters documented for his pain. On examination, he has a normal upper extremity exam, the spine and torso exam shows bilateral moderate tenderness pain, Lumbar range of motion is diminished with pain on flexion, extension. The straight leg raise is negative bilaterally. His lower extremity exam is within normal limits, and the lower extremity exam is within normal limits. The treatment recommendations included instruction to taper down and stop the oxycodone, and gradually taper the Norco to 6 per day.

Current home strengthening and stretching program was encouraged, and the worker is counseled to remain off work. A request for authorization was submitted for Cognitive Behavioral Therapy 8 sessions and Consultation with a pain psychologist. A utilization review decision 08/28/2015 certified one Consultation with a pain psychologist, and non-certified the request for 8 sessions and Consultation with a pain psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update.

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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. Decision: a request was made for eight sessions of cognitive behavioral therapy, the request was modified by utilization review with the following provided rationale for its decision: "as for the requested cognitive behavioral therapy, referenced guidelines indicate that a 4 to 6 session's trial should be sufficient to provide evidence of symptom improvement. Requested eight sessions of therapy exceeds this guideline

recommendation. Moreover, it would be reasonable to determine the findings from the initial consult with the pain management psychologist prior to requesting cognitive behavioral therapy sessions. Hence the medical necessity the requested cognitive behavioral therapy is not substantiated. Therefore, the request is partially certified for one consultation with the pain psychologist." This IMR will address a request to overturn the utilization review 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. According to a comprehensive psychological evaluation form September 22, 2014 the patient was diagnosed with: Adjustment Disorder with Anxious and Depressed mood; Pain Disorder; and Cognitive Disorder not otherwise specified. Is not entirely clear medical records provided whether or not psychological treatment has been provided but the preponderance of evidence the medical records suggest that perhaps none has been so far. This request was modified by utilization review to allow for a consultation treatment pending completion of the consultation. At this juncture the request for eight psychological treatment sessions appears to be medically appropriate and reasonable and necessary. Although it is true as mentioned by utilization review report, that an initial brief treatment trial of 4 to 6 sessions is recommended by the Official Disability Guidelines, in this case the patient appears to have had a delay of treatment that would warrant an exception being made in this case to allow for two additional sessions with therefore a slightly extended initial treatment trial. Because this request is medically reasonable and appropriate, the utilization review decision is overturned and the request for authorization to allow for eight sessions cognitive behavioral therapy is approved. It should be noted that any further requests for psychological treatment, if made and if found to be medically appropriate and necessary, must contain the total quantity of sessions provided to date as well as documentation of objectively measured social improvement as a result of prior treatment and therefore is medically necessary.