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| Case Number: | CM15-0065822 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 06/20/2013 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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 38 year old female, who sustained an industrial/work injury on 6/20/13. She reported initial complaints of low back pain. The injured worker was diagnosed as having herniated lumbar disc, degenerative disc disease, and radiculopathy. Treatment to date has included medication, lumbar steroid epidural injection, and physical therapy. Currently, the injured worker complains of achy low back pain and anxiety. Per the primary physician's progress report (PR-2) on 3/2/15, examination revealed positive straight leg raise on the right and left. Palpation of the lumbar facet reveals pain on both the sides at L3-S1 region. There is pain noted over the lumbar intervertebral spaces (discs) on palpation. Palpable twitch positive trigger points are noted in the lumbar paraspinous muscles. The gait is antalgic. The requested treatments include cognitive bio-behavioral therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Bio-Behavioral Therapy 2x6 for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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 Page(s): 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: 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 progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: A request was made for Cognitive Bio-Behavioral Therapy 2x6 weeks for the lumbar spine, the request was non-certified by the patient's Utilization review with the following provided rationale: "the available PR-2 describes that the claimant has anxiety but there is no description claimants ongoing psychiatric symptoms and how they impact the claimants daily activities. There is no psychiatric diagnosis mentioned. There is no treatment plan with objectives for the successful consummate of the requested treatment. There is no indication as to whether the claimant has received psychotherapy in the past for this injury, and if so, if she has benefited from the treatment. This information is essential before the requested treatment may be considered." All of the provided medical records were carefully reviewed and considered for this IMR. The medical records contain almost no information regarding the patient's psychological status. Comprehensive psychological evaluation either has not been conducted or if so was not provided for consideration. There was just one mention of the patient's psychological status, which stated that the patient discontinued the medication Cymbalta as it was not helping her anxiety, patient encouraged to restart the medication and take it consistently and agreed to do so. On a PR progress report from March 2, 2015 it was noted that she is not received a call to schedule biofeedback. It also mentions a undated discontinuation of the use of benzodiazepine for her anxiety. As best as could be determined from the very limited documentation provided the patient does not appear to receive any psychological treatment thus far to date, although this could not be conclusively confirmed, this request is for cognitive bio-behavioral therapy 2 times a week for 6 weeks for a total of 12 sessions. The MTUS treatment guidelines as well as the official disability guidelines for state that an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG) should be first offered

and that with documented evidence of objective functional improvement and patient benefited additional sessions can be authorized up to a maximum of 13 to 20 sessions for most patients. If the patient has completed any psychological treatment to date that there would need to be substantiation the patient benefit in order to authorize additional sessions as well as an accurate description of how much treatment she's already received to date. Because this is assumed to be a request for an initial treatment the protocol of having an initial brief treatment trial would need to be followed. Because this request for 12 sessions exceeds the initial treatment trial protocol of 3 to 4 sessions is deemed to be excessive and therefore not medically necessary. In addition, the medical records do not provide a clear rationale for the requested treatment with stated goals of what is to be accomplished. A comprehensive psychological evaluation is not always needed in order to start psychological treatment however more information regarding the treatment is required if that is the case in order to substantiate the need and purpose and expected outcome. Because medical necessity the request is not been established the utilization review determination for non-certification is upheld. This is not to say that the patient does, or does not, require psychological treatment only that the medical necessity of the request was not established by the provided documentation. Therefore at this time this request is not medically necessary.