MAXIMUS Federal Services

Case Number:	CM15-0069788		
Date Assigned:	04/17/2015	Date of Injury:	01/24/2007
Decision Date:	05/18/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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 47 year old male who sustained an industrial injury on January 24, 2007. He has reported low back pain and has been diagnosed with lumbar spondylolysis, lumbar radiculitis, degenerative disc disease, chronic pain syndrome, low back pain, and lumbar disc pain. Treatment has included medications, aquatic therapy, and a home exercise program. Currently the injured worker complains of low back pain with numbness in the lower extremities with muscle spasms. The treatment request included 6 sessions of psychotherapy; cognitive behavioral therapy for management of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, 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 6 sessions of psychotherapy. The request was non-certified by utilization review with the following rationale provided: in this particular case the most recent medical records provided for review indicate that the patient denied any anxiety or depression. There was no documentation of a mood disorder or presence of cognitive behavioral deficits to support a course of cognitive behavioral therapy. The MTUS guidelines note that psychological treatment including cognitive behavioral therapy is recommended for "appropriately identified patients" but given the absence of anxiety, depression or evidence of cognitive behavioral dysfunction, and the absence of a formal psychological evaluation this request is noncertified. This IMR will address a request to overturn that decision. The provided medical records indicate that the patient is experiencing delayed recovery and a notation was made that a request for cognitive behavioral therapy is being made because the patient was weaned off of the pain medication Norco and is now having increased pain. A PHQ-9 Depression screening noted a score of 8 which indicates mild depression. The provided medical records do not establish the medical necessity of the requested procedure. There is no information provided regarding prior psychological treatment history. There was virtually no information provided regarding the patient's current psychological status. The date of his injury was over 8 years ago and while there was no mention of prior psychological treatment based on a review of the medical records that were provided it appears likely that he has received psychological treatment in the past although this could not be determined definitively information regarding whether or not the patient has received prior psychological treatment and if so the date and quantity and outcome of such treatment is needed in order to further establish the medical necessity of the request. In addition information regarding a treatment plan would be needed with specific goals and a more clearly expressed rationale for the request including specific psychological symptoms to be addressed. If the patient has not received any psychological treatment in the past since the time of his injury than

this request would be appropriate, however because this was not clearly stated they could not be determined as such. Because the medical necessity of the request was not established, the utilization review determination is upheld and the request is not medically necessary. This is not to say that the patient does not require psychological treatment only that the medical necessity the request was not established by the very limited documentation that was provided.