

Case Number:	CM15-0093195		
Date Assigned:	05/19/2015	Date of Injury:	05/16/2014
Decision Date:	06/26/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/14/2015

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 female, who sustained an industrial injury on 05/16/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having low back pain with radiating pain to the bilateral lower extremities. Treatment and diagnostic studies to date has included physical therapy, medication regimen, and use of exercises. In a progress note dated 04/14/2015 the treating physician reports a pain level of a 5 out of 10 to a 2 to 4 out of 10 with medication regimen and has an increased ability to perform activities of daily living with medication regimen. The treating physician noted a Physical Activity Subscale Score of 24 and a Work Subscale Score of 39. Examination revealed facet tenderness to the lumbar spine at lumbar five to sacral one with muscle spasm noted. The treating physician requested cognitive behavioral consultation and psychological testing to assess parameters that will facilitate successful cognitive behavioral training. The treating physician also requested 12 sessions of cognitive behavioral of training noting that the injured worker has failed to progress with physical medicine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluation, Pages 100-101.

Decision rationale: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. A request was made for cognitive behavioral therapy consultation; the request was non-certified by utilization review of the following provided rationale: "The patient has already received psychological testing and a diagnosis appears apparent. No justification was provided for additional CBT consultation." This IMR will address a request to overturn this utilization review decision for non-certification. All of the provided medical records were carefully considered for this IMR, including over 550 pages of medical records. Although the medical records that were provided do contain multiple comprehensive physical evaluations by the patient's primary treating physician, and these evaluations did include a brief psychological aspect to them and measured the patient's emotional condition as well as including a fear avoidance response, these evaluations are not the equivalent of a comprehensive psychological cognitive behavioral therapy consultation. As best as could be determined by the provided medical records the patient has not yet received a comprehensive psychological/cognitive behavioral therapy consultation. The MTUS guidelines support the use of psychological evaluations as relatively established assessment techniques. In this case, the request for a cognitive behavioral therapy consultation appears to be medically reasonable and appropriate at this juncture for this patient. Therefore the request to overturn the utilization review determination is medically necessary.

Psychological trial testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 100-101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Psychological Treatment Page(s): 23-24, 101-102.

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. A request was made for "psychological trial testing." The request was non-certified by utilization review with the following provided rationale: "the patient has already received psychological testing and a diagnosis appears apparent. No justification was provided for psychological trial testing. Therefore the request should be denied." The request for "psychological trial testing" is unclear in what exactly is being requested and is not supported without further clarification of the nature of this request. The types of tests being requested are not specified. The reason for a separate request for this in addition to a request for psychological evaluation is not provided. At this juncture additional "psychological trial testing" appears to be redundant and not medically necessary. While monitoring and documenting treatment progress is essential this can be done in-session and does not require a separate assessment. For these reasons this request is not medically necessary and the utilization review determination is upheld.

12 sessions of cognitive behavioral training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 100-100. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s): 23-24; 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, March 2015 update.

Decision rationale: A request was made for 12 sessions of cognitive behavioral training. The request was non-certified by utilization review with the following provided rationale: 4 sessions of psychotherapy sessions have been approved. The patient should first complete this treatment before other treatments are considered. The MTUS guidelines specifically state that an initial treatment trial consisting of 3 to 4 sessions should be initiated and completed in order to determine patient's responsiveness to psychological interventions. Additional treatment can be then authorized contingent upon medical necessity and documentation of patient benefit including objectively measured functional indices of patient improvement. The official disability guidelines also support the use of an initial treatment trial consisting of 4 to 6 sessions for similar reasons. In this case utilization review has approved four sessions of cognitive behavioral therapy as an initial treatment trial. The request for 12 sessions of cognitive behavioral training is not supported at this juncture as it is excessive and does not follow the recommended protocol for an initial brief treatment trial. For these reasons this request is not medically necessary and the utilization review determination is upheld.