

Case Number:	CM15-0093228		
Date Assigned:	05/19/2015	Date of Injury:	06/02/1999
Decision Date:	06/22/2015	UR Denial Date:	05/07/2015
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 60-year-old male who sustained an industrial injury on 06/02/1999. Mechanism of injury is not documented. Diagnoses include major depressive disorder, chronic low back pain, status post lumbar fusion with rod placement internal fixation, past right knee surgery, and migraines. Treatment to date has included diagnostic studies, medications, cognitive behavioral sessions, massage therapy, physical therapy, hardware block, and gentle exercises. There is documentation included in physician progress notes that reports Magnetic Resonance Imaging studies. Magnetic Resonance Imaging of the lumbar back done on 02/06/2014 reveals stable post-surgical changes and at L2-3 there is a 3mm annular disc bulge greater in the caudal aspect of the right neural foramen. A Magnetic Resonance Imaging of the thoracic spine done on 04/30/2008 shows an irregularity of the T10 vertebra body along the inferior endplate. Findings may reflect combined scoliosis as well as underlying Schmorl's node formation. A physician progress note dated 04/10/2015 documents the injured worker complains of depression and had been treated with cognitive behavioral therapy. With the treatments there was evidence of improvement in decreased irritability, frustration, hopelessness and emptiness. He has an increased understanding of emotional responses to physical limitations. Continuation of treatment was recommended. It is anticipated that the continuation of behavioral treatment as part of his comprehensive pain management program will contribute to his functional restoration. A physician progress note dated 03/25/2015 documents that the injured worker complains of chronic low back pain with leg pain. He tries to avoid opiate pain medications and only occasionally uses Tylenol #3 and Norco and does not require a refill. He reports depression and increased frustration, and he is tearful. He has spasm and guarding in the lumbar spine. Treatment requested is for 6 additional cognitive behavioral therapy sessions with psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 additional cognitive behavioral therapy with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

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 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. A request was made for 6 additional cognitive behavioral therapy sessions with a psychologist; the request was non-certified by utilization review with the following provided rationale: "The previous number of completed sessions is not specified in the medical records available to review to determine the medical necessity. There is no documentation of significant change in VAS score, objective examples of functional improvement noted or medication (illegible) effect with the previous treatments to warrant additional sessions at this time. As efficacy is not established, the request is not consistent with guidelines." This IMR will address a request to overturn that 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 session including objectively measured functional improvement. All of the provided medical records were carefully considered for this review, it is indicated by the patient's primary treating physician that he has been attending regular visits with a psychologist named [REDACTED] and the patient reports that the treatment has been helping and that he appreciates the encouragement that he has received in treatment.

There are indications of continuing depression. The requested treatment is not medically necessary per the documentation provided for this review. The medical records provided did not contain any treatment progress notes from the primary psychologist. There were no individual treatment progress session notes describing in detail what is being transpired in the treatment. There are no clinical summaries regarding the patient's psychological treatment that provide a summary of what has transpired during the course of his psychological treatment. It is not clear how many prior sessions the patient has received in his psychological treatment. It is not clear whether the patient has benefited with any objectively measured functional improvements as a result of prior psychological treatment. Because there are no treatment progress notes or clinical summaries from his psychological treatment, the impact of his prior psychological treatment sessions and the quantity and duration of prior treatment could not be established. For this reason, the medical necessity of the request for 6 additional psychological treatment sessions was not established. This is not to say that the patient does, or does not need psychological treatment, only that there was insufficient documentation provided to substantiate a request to overturn the utilization review decision. Therefore, the utilization review determination of non-certification is upheld.