MAXIMUS Federal Services

Case Number:	CM15-0094248		
Date Assigned:	05/20/2015	Date of Injury:	12/27/2013
Decision Date:	06/25/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/15/2015

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 45 year old female, who sustained an industrial injury on 12/27/2013. Diagnoses include low back pain, annular tear lumbar spine, facet hypertrophy, central canal narrowing and radiculopathy bilateral lower extremities. Treatment to date has included medications including Diclofenac, Cyclobenzaprine and Gabapentin, chiropractic care, physical therapy and epidural steroid injections. Magnetic resonance imaging (MRI) of the lumbar spine dated 2/18/2014 showed moderate canal stenosis at L4-5, mild central canal narrowing at L3-4 and bilateral facet hypertrophy L3-4 and L4-5. Per the Primary Treating Physician's Progress Report dated 3/17/2015, the injured worker reported low back pain that was slightly worse and rated as 7/10 on a subjective pain scale. Physical examination revealed decreased lumbar flexion and tenderness to palpation at the L4 and L5 spinous processes with radiation down the left leg. The plan of care included pain intervention, medications, psychology referral and follow up care. Authorization was requested for one session of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 session of Individual Psychotherapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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. Decision: A request was made for one session of individual psychotherapy, the request was not certified by utilization review the following rationale provided: "There is no documentation that the patient has any psychological symptoms to justify the treatment. Furthermore, the physical examination indicates that the patient's mood is euthymic. Finally, the total number of visits is not specified." This IMR will address a request to overturn the utilization review determination. 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. According to a follow-up evaluation from May 26, 2015, the patient is reported to have psychiatric/psychological symptoms of depression and anxiety. In this evaluation the patient's primary treating physician requests, "I would like this patient to be assessed by a psychologist and then given cognitive behavioral therapy weekly for 6 weeks." On a previous follow-up evaluation dated March 17, 2015 the patient's mood is described as euthymic, however it is also noted that "I would like this patient to get cognitive behavioral therapy and mindfulness therapy for chronic anxiety and chronic depression which this patient has as she also has chronic pain." The request is also repeated in a progress note from January 20, 2015. And it is noted that she has comorbidities of anxiety and depression as well sleep disturbance with neuropathic component her pain. On November 18, 2014 the request again is mentioned this time with

indications of elevated depression and anxiety scores on the PHQ 9 and GAD 7. It is noted on a QME evaluation from October 15, 2014 that the patient had a prior industrial related injury that resulted in a settlement and there is a notation from January 12, 2012 that an initial psychological evaluation was performed in the patient was recommended for a course of psychological treatment including biofeedback and psychotherapy. In this case, there are multiple requests for psychological treatment, and as best as could be determined it does not appear that the patient received any psychological treatment for this current injury. The utilization review statement that there is no indication of psychological symptoms in the medical records was not found to be consistent with the findings of this IMR. In addition, the request appears to be for only one psychological session. Although the medical records do state on several occasions that the patient's mood is euthymic it appears this is an incorrectly generated field that is being repeated because the same progress notes state that the patient is having depression and anxiety. While there is sufficient evidence to establish the medical necessity of this request, there is one issue that needs to be addressed and that is that the patient appears to have received some psychological treatment in the past however it is unknown how much treatment was received at that time and if there was any patient benefit from that treatment. Because this request is for only one psychological session it does not appear to be unreasonable or excessive and it does appear to be consistent with MTUS/official disability guidelines. However, the session should be used to document the patient's prior psychological treatment as well as any current or recent psychological treatments in terms of quantity, duration, and functional outcome. Because the medical necessity this request appears to be established by the provided medical records, and consistent with official disability guidelines, the utilization review determination is overturned. The request is medically necessary.