

Case Number:	CM15-0094503		
Date Assigned:	05/21/2015	Date of Injury:	09/12/2013
Decision Date:	06/24/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/18/2015

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 62-year-old male injured worker suffered an industrial injury on 09/12/2013. The diagnoses included degenerative lumbosacral disc and spinal stenosis. The injured worker had been treated with medications and aqua therapy. On 4/29/2015, the treating provider reported no change in low back pain. He reported increase in severity of the neuropathy with bilateral lower extremity pain and paresthesia. The pain was rated from 4 to 9/10. On exam, the lumbar spine was tender. The treatment plan included cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psyche CBT (cognitive behavioral therapy) 1 time a week for 5 weeks for chronic pain:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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: Citation Summary: 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 co-morbid 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 psyche CBT (cognitive behavioral therapy) one time a week for 5 weeks for chronic pain; the request was non-certified by utilization review of the following provided rationale: "in this case, the patient has been undergoing cognitive behavioral therapy. The physician recommended that the patient continued cognitive behavioral therapy as the patient transitions to a period of pain management without narcotic medications. However, there is no psychological progress reports outlining the patient's progress in prior sessions, number of sessions previously completed, the current goals for treatment." This IMR will address a request to overturn the utilization review 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. Provided psychological treatment progress note from April 22, 2015, the patient began his psychological treatment on February 10, 2015. The total quantity of sessions at the patient received to date is not clearly indicated. It is noted that he returns "for a follow-up visit and continues to struggle with symptoms of depression and pain but there's been improvement in his mood over the past few weeks and he is using strategies that he is learning and treatment to observe his pain and this is allowing him to engage in more activities that otherwise might decline. Cognitive behavioral therapy is focusing on minimizing depression symptoms enhancing his ability to cope with chronic pain and help them shift his focus away from the pain." Several psychological treatment progress notes were provided and they do indicate patient is making progress in his treatment and is responding with improved functionality. Improvements include increases in behavioral activity taking on new tasks and reductions in depression with increased sense of accomplishment and productivity. The medical necessity of the request appears to be established reasonably well by the provided documentation. It is not clear how many sessions the patient has received to date in any further requests for psychological treatment after this one, if medically necessary and appropriate, must contain the total quantity of sessions at the patient has participated in. It does appear however, that because he did not start a psychological treatment until February 2015 that likely he has not exceeded the recommended guidelines for session quantity. The medical records

also reflect insufficient patient psychological need for continued treatment as well as sufficient patient progress in the treatment itself and although this progress is not objectively measured, it is reported with significant detail regarding subjective improvements to warrant continued psychological treatment. For the reasons the medical necessity the request is been established and therefore the utilization review determination for non-certification of the request for additional psychological treatment is medically necessary.