

Case Number:	CM15-0095096		
Date Assigned:	05/21/2015	Date of Injury:	10/07/2000
Decision Date:	06/24/2015	UR Denial Date:	04/20/2015
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 injured worker is a 69 year old male, who sustained an industrial injury on 10/7/00. He has reported initial complaints of lumbar spine injury after lifting a box of copy paper. The diagnoses have included pain disorder with both psychological factors and a general medication condition, chronic, chronic anxiety disorder, chronic dysthymic disorder, multiple medical problems and chronic pain and psycho-social stressors. Treatment to date has included medications, spinal surgery, physical therapy, home exercise program (HEP), and psychiatric care. Currently, as per the physician psychological consult note dated 4/10/15, the injured worker complains of chronic back pain, headaches, sleep apnea, tinnitus and depression. He manages the chronic pain with medications. He also reports anxiety, agitation, generalized fear, inner turmoil and worries about his future. He has participated in guided visualization and found it to be helpful in managing his anxiety. The injured worker presented using a walker and physically pale and feeble. His affect was flat and blunted. The thought process was linear and rational and he admitted to serious depression in his twenties due to the death of his grandmother and brother. The psychological assessment revealed somatization score of 63 which is above average for pain patients. The anxiety T score was 56 and suggests that he is more anxious than the average pain patient. The depression T score was 55 and suggests that he is more depressed than the average pain patient. The current medications included Amitiza, Glycolax, Fentanyl patches, Cymbalta, Lunesta, Norco and topical cream. There were no diagnostic studies noted in the records. The physician notes that his treatment plan is unlikely to result in overall improvement unless psycho-social factors are simultaneously addressed. The physician requested treatment included Cognitive behavioral therapy 6 sessions for mood and pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT.

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 cognitive behavioral therapy 6 sessions, the request was noncertified with modification to allow for 4 sessions by utilization review. The following is the rationale provided for their decision: "the records noted that the patient has not undergone a course of psychotherapy for his chronic pain and psychological related issues. Given his history of depression, anxiety, and chronic pain secondary to lumbar spine surgery with complications of infection, it is felt that an initial trial of psychotherapy is reasonable at this time. However, 6 psychotherapy sessions is excessive given that the guidelines recommend an initial trial of 3 to 4 psychotherapy sessions over a period of 2 weeks." This IMR will address a request to overturn that decision. The provided medical records do indicate that psychological treatment appears to be reasonable and necessary for this patient at this time based on significant psychological symptomology and delayed physical recovery. The MTUS guidelines do recommend an initial brief treatment trial be utilized. The initial brief treatment trial should consist of 3 to 4 sessions per MTUS guidelines in order to determine patient's responsiveness to treatment. Additional sessions, as noted in the official disability guidelines, maybe then subsequently offered contingent upon the establishment of medical necessity and

documentation of patient benefit from the initial treatment trial. The official disability guidelines to allow for a slightly extended initial treatment trial consisting of 4 to 6 sessions. However in this case, the MTUS guidelines appear to be most appropriate given the long duration of his treatment history since the time of his injury. This decision does not state that the patient is not in need of psychological treatment only that an initial brief treatment trial as recommended by the MTUS guidelines should be followed. For this reason the utilization review determination is upheld. Therefore, the requested treatment is not medically necessary.