

<b>Case Number:</b>	CM13-0057393		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/24/2000
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 61-year-old male, who sustained an industrial injury on 5/24/00. He has reported back injury. The diagnoses have included lumbar radiculopathy, lumbar spine pain. Treatment to date has included medications, diagnostics, surgery, injections, Transcutaneous Electrical Nerve Stimulation (TENS), physical therapy and acupuncture. Surgery included lumbar fusion and insertion of spinal cord stimulator. Currently, the injured worker complains of chronic low back pain and leg pain bilaterally. The surgery has been approved but the date has not been set. He gets partial significant relief from medications and spinal cord stimulator. He continues to do well in physical therapy; the Transcutaneous Electrical Nerve Stimulation (TENS) is very helpful with myofascial pain. The current medications were noted. Physical exam revealed uncomfortable and anxious appearing. The facets are tender at lumbar level right more than left. The lumbar range of motion is limited and improving with physical therapy. There was right sacroiliac joint tenderness. The psychological assessment revealed he has a 14 year history of pain. He showed memory, concentration and word finding problems. His mood is very depressed with restricted affect; He has suicidal idealization but no intent or plan. His motivation for treatment appears average. Diagnoses included severe depression and anxiety. The injured worker was recommended psychological intervention. On 10/25/13 Utilization Review modified a request for BIO-BEHAVIORAL PAIN MANAGEMENT QTY: 10 SESSIONS modified to BIO-BEHAVIORAL PAIN MANAGEMENT 4 session trial, noting that the injured worker should proceed with an initial trial of therapy and additional therapy can be considered based upon improvement. The (MTUS) Medical Treatment Utilization Schedule,

(ACOEM) Occupational Medicine Practice Guidelines and Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BIO-BEHAVIORAL PAIN MANAGEMENT QTY: 10 SESSIONS: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. 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 Part 2, behavioral interventions, cognitive behavioral therapy for chronic pain Page(s): 23-24. Decision based on Non-MTUS Citation Official disability guidelines, 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. 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 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. The medical records that were provided for this review indicate that the patient has depressed mood with restricted affect and evidence of severe anxiety and depression. Psychological diagnosis is listed as: pain disorder associated with psychological factors and medical factors, major depression, single episode, severe. According to a PR-2 initial pain psychologist assessment from October 18, 2013, the patient has not had any prior psychological treatment but is currently being treated with the Psychiatric medication Effexor. A request was made for 10 sessions of bio-behavioral pain management. The request was non-certified by utilization review which offered a modification to allow for 4 sessions. The utilization review determination stated that "it is recommended that the patient proceed with cognitive behavioral therapy as well as see a psychiatrist for additional pharmacological recommendations." According to the MTUS treatment guidelines this was the correct decision. The MTUS guidelines specify that an initial treatment consisting of 3 to 4 sessions is recommended as a brief trial to ensure patient responses adequate and that with documented evidence of patient benefit including objective functional improvements, additional sessions may be offered contingent upon medical necessity being demonstrated. The medical records provided were insufficient to overturn the utilization review determination. Additional treatment sessions may be appropriate for this patient; however it would be contingent upon documentation of the initial results of the 4 treatment sessions that were authorized. Continued psychological care is contingent upon documentation of all of the following: evidence of patient benefit from prior treatment (or in this case the initial brief trial), total quantity of sessions received consistent with MTUS guidelines, and continued medical necessity based on patient symptomology. Because the

utilization review correctly notes the need for MTUS treatment protocol being followed for an initial treatment trial and that documentation provided was insufficient in addressing patient outcome from that brief trial, medical necessity of this request was not established and therefore the utilization review determination is upheld.