

Case Number:	CM13-0052320		
Date Assigned:	12/27/2013	Date of Injury:	09/13/1999
Decision Date:	12/19/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records as are provided for this independent medical review, this patient is a 53-year-old female who reported a work-related injury that occurred on September 13, 1999. The mechanism of injury was not documented in the records submitted for review. She reports low back that radiates bilaterally into her lower extremities. An incomplete list of her medical diagnoses includes: post laminectomy syndrome, lumbar region and unspecified thoracic/lumbar neuritis/radiculopathy; sleep-work sleep disorder and status post morphine pump implant. This review will focus on her psychological/psychiatric symptoms as they pertain to the requested treatment. According to a PR-2 progress report from the patient's treating psychiatrist, the patient has been diagnosed with Major depressive disorder and Anxiety disorder not otherwise specified. The treatment plan was listed as psychotherapy/stress management, antidepressants and anti-anxiety agents. She has been prescribed Lexapro 20 mg for depression, BuSpar 15 mg for anxiety and Ambien 5 mg. A note by her primary treating physician from September 2013 states the patient has "no anxiety, no crying spells, no depression, no feelings of stress, no personality change, no difficulty concentrating, no recreational drug use, no sadness, and the sleep disturbance, no suicidal thoughts and no memory loss." The same note is repeated July 5, 2013. It seems likely probable that these notes are inaccurate in view of other documentation including a PR-2 report from October 2013 that mentions that the patient has been hospitalized psychiatrically for major depressive disorder with suicidal ideation, date unknown. A request was made for cognitive psychotherapy monthly for 12 months, the request was non-certified. This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Psychotherapy monthly x12 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, November 2014 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 (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/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 allow somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment. 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 necessity for cognitive psychotherapy sessions monthly for 12 months was not established in the documents provided for this IMR. A hundred and seventy pages of medical records were carefully reviewed and considered. The patient's prior psychological treatment history was not provided, and there was no comprehensive psychological evaluation included for consideration if one was completed. The patient was injured over 15 years ago and it is assumed that she has had prior psychological care however no mention of it was made. In particular, there were no records at all regarding prior cognitive psychotherapy treatment. It was unclear if this is a request to start a new course of treatment or a request to continue an established already in progress course of treatment. There was no documentation provided regarding her prior courses of treatment, if any, in terms of quantity, duration, or outcome. If the request is for an initial treatment, it exceeds the guidelines recommendations for a brief treatment trial of 3 to 4 sessions to determine whether the patient responds with functional improvements. This appears to be a request to either restart an existing treatment or continuing one already in progress, in which case it is excessive in duration and quantity. The request covers a one year time span of therapy, there is no specific mention of the exact quantity of sessions being requested but it is assumed to be 12. According to the official disability guidelines, the therapist must engage in an ongoing process of assessing treatment efficacy. Additional treatment sessions are contingent upon not only patient symptomology, but also progress and objective functional improvements. A treatment course lasting one year would

not allow for ongoing assessment of medical need and patient response. The also contains an unspecified quantity, and is not backed with important required information to demonstrate medical necessity, including current descriptions of patient symptomology (the provided documents appear to be primarily from 2013) and response to prior treatment, if any, as well as a fully developed treatment plan with expected dates of completion/goals. Because the medical necessity of the requested treatment was not established, the request is not medically necessary.