

Case Number:	CM14-0108968		
Date Assigned:	08/01/2014	Date of Injury:	11/16/2005
Decision Date:	09/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 a licensed Psychologist, 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 that were provided for this independent review this patient is a 65-year-old male who reported an industrial/occupational work-related injury on November 20, 2007. He reports chronic low back pain that is attributable to degenerative spondylosis of the lumbar spine, myofascial pain syndrome, hernia and obstructive sleep apnea. Psychologically, the patient has been diagnosed with Major Depressive Disorder; in remission and Pain Disorder. He reports insomnia, pain and constipation, the patient has been prescribed Gabapentin and Celexa. A progress note from his primary treating physician from April 2014 notes the patient is reporting for sleep and fatigue and he has used six out of six Cognitive Behavioral Therapy sessions for pain management and is using his behavioral self-regulation techniques. Additional successions were requested to help maintain functional restoration and to support him with his sleep disorder. It appears that he has been authorized for six sessions of Cognitive Behavioral Therapy already and completed them and there are notes that indicate that the patient has had several courses of psychological treatment in the past including a note dated from June 7, 2013, showing the patient has completed his Cognitive Behavioral Therapy Program and achieved excellent results and is being discharged having met all the goals of treatment. The request made for "Cognitive Behavioral Therapy" was non-certified. Utilization rationale for non-certification was stated as: "lack of detailed discussion of the efficacy of prior treatments and prior psyche therapy, patient has already had extensive psyche therapy and there were no new hard clinical indicators for the need of additional CBT therapy"

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Mental Health/Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Intervention, Cognitive Behavioral Therapy, Page 23 to 24 Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, topic cognitive behavioral therapy for depression, psychotherapy guidelines, June 2014 update.

Decision rationale: There are several problems with this request that make it impossible to overturn the utilization review non-certification. First of all the request was stated as being for "Cognitive Behavioral Therapy" on the application for independent medical review. All requests for psychological therapy must contain a specific quantity of sessions being requested. Without a specific quantity the request becomes one that is essentially for unlimited psychotherapy in perpetuity or until the patient's case is closed. The independent medical review process, unlike utilization review all-or-none process where no modifications can be allowed therefore on this fact alone I would be unable to overturn causation review decision. But there are several other issues that prevent me from overturning the UR decision. The total number of sessions the patient has had to date is not provided, it appears that perhaps he has had only successions in this most recent treatment episode, but was not stated clearly in the request, and it does appear he has had very substantial amounts of treatment in the past including completing a full treatment program in 2013. There is no explanation on why the patient has returned for treatment at this time and what would be done differently that he has not already done. According to the MTUS Treatment Guidelines with consideration of the Official Disability Guidelines patients may be offered a maximum of 13-20 sessions of psychotherapy if progress is being made. The treatment goals and how they would differ from prior treatments is not clarified. Perhaps most importantly there is no documentation of objective functional improvements that resulted from his six recent treatment sessions. Additional treatment sessions may be authorized but is contingent on demonstrated objective functional improvements which are defined very specifically as resulting in improved activities of daily living, reduction in work restrictions if applicable, or increased activities of daily living, and a reduction in the dependency on future medical care. None of this was provided and the medical necessity of this request has not been established because of the reasons stated. Therefore, this request is not medically necessary.