

Case Number:	CM14-0155497		
Date Assigned:	09/25/2014	Date of Injury:	11/17/2010
Decision Date:	11/26/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/23/2014

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 licensed 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 their provided for this independent medical review, this patient is a 49-year-old male reported an injury that occurred on November 17, 2010. The injury occurred while he was at work standing on a piece of paper when a tractor that his coworker was driving pulled the paper that he was standing on, pulling his right leg underneath and crushing his right foot. The patient notes that he fell backwards and struck his head the concrete. There was no loss of consciousness but he was dizzy/dazed and experienced pain throughout his body: initially he was not able to walk. He was diagnosed following medical conditions: shoulder sprain/strain; lumbosacral radiculopathy, knee and wrist tendinitis/bursitis, post-traumatic head syndrome, and status post right knee surgery. He complains of continued chronic low back pain, constant right knee pain, right shoulder pain, and intermittent dizziness and headache with forgetfulness, short-term memory difficulty and "foggy feeling." A primary treating physician note from May 2014 states that he is using "the antidepressant medications. Prozac which is helping and that he has been seen by the psychologist" no additional details regarding the treatment were provided. Mental status exam conducted on March 10, 2014 show significant deficits in recent memory/immediate recall and concentration. The patient was observably anxious and depressed. Psychological diagnosis was listed as Adjustment Disorder, unspecified. Patient reports depressed feeling with significant distress and feeling overwhelmed due to financial strain and feelings of hopelessness and increased physical pain. A request was made for six sessions of cognitive behavioral therapy and lactation training, the request was non-certified. The UR determination stated that: "there is no indication of previous psychological diagnosis or care, there is no initial evaluation submitted for review to establish a working diagnosis and individualized treatment plan for this patient."

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Cognitive behavioral therapy and relaxation training sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. 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 Guidelines part two, behavioral interventions, cognitive behavioral therapy Page(s): 23-24.

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 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 (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. With respect to this patient, based on the records, he does appear to be experiencing psychological symptomology. It is clear that the patient has received some cognitive behavioral therapy, however only two brief SOAP progress notes were provided that discussed his treatment. One stated that "he is not improving in his symptoms and there may be an increase in his depression and he has lost motivation for improvement." The second progress note states that he reports an increase in depressed moods and no change or progress. The treatment plan simply stated to continue cognitive behavioral therapy. The treatment plan was inadequate and does not contain any goals that are trying to be achieved or issues being addressed with estimated dates of achievement. The only treatment plan was to continue CBT therapy. As mentioned in the above note continue treatment is contingent upon not only patient having continued significant psychological symptomology, which he does, but also of contingent upon him making objective functional improvements in the treatment that has been provided. There was no note that discussed how many sessions at the patient has had to date and it was impossible to tell if he's had any more than the 2 sessions for which there were notes for, or if he has already had the maximum for most patients. The results of the mental status exam that was included in the documents for review suggest neurological problems, it is not clear from 2

progress notes how the depression these issues were being addressed. Therefore, the six (6) Cognitive behavioral therapy and relaxation training sessions are not medically necessary and appropriate.