

Case Number:	CM14-0171149		
Date Assigned:	10/23/2014	Date of Injury:	04/04/2011
Decision Date:	11/21/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/16/2014

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 that were provided for this IMR, this is a 59-year-old female who reported an industrial injury that occurred on April 4, 2011 during the course of her employment for [REDACTED]. The injury occurred while she was working in the kitchen at the [REDACTED] when she slipped on oil and fell on the kitchen floor. She reports pain in her back and numbness in legs as well as pain in the back of her neck and tension headaches. A partial list of her medical diagnoses includes: sprain/strain lumbar region; displacement thoracic disc without myelopathy. This IMR will focus on her psychological symptoms and treatment as they pertain to the requested intervention. Psychologically she has been diagnosed with: Major Depression, Generalized Anxiety Disorder, and Pain Disorder Due To Both Psychological Factors and a General Medical Condition. She reports the following symptoms: "increased social isolation and avoidance, decreased self-care activities and limited functional ability, difficulty accepting her chronic condition without becoming hopeless and helpless or panicked, delayed recovery" and that she "is relying on expensive and frequent medical procedures at the expense of developing fully her independent coping capacity and moving on with her life." The following is a list of reported treatment gains: "increased structured activity outside the home by 15%, increased personal hygiene and grooming, greater participation in home exercise program and stretching, and regular attendance and participation in her appointments and willingness to set and reach goals. Without further treatment the provider states that the patient will likely experience loss of treatment gains and perhaps increased depression requiring a higher level of care." Future sessions include continued reduction in social isolation, depressive and anxious ideation, increased functional abilities and self-care as measured by hobbies, exercise, and structured activity and decreased reliance on passive medical interventions. She has been prescribed the psychiatric medication Topamax. A

comprehensive psychological evaluation of November 2013 was conducted. Past mental health treatments have included participation in a functional restoration program psychological treatment and psychiatric treatment (unspecified without details regarding quantity or duration and limited discussion of results and outcome). A request for cognitive behavioral therapy (unspecified quantity) was made, and non-certified; the UR rationale was stated as: "no detailed discussion of the efficacy of prior FRP or CBT sessions. No comparison with prior exams, the current exam shows... Does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness or suicidal ideation, normal gait." This IMR 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 Behavioral Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, 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, June 2014 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) recommends a more extended treatment after the initial trial, 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's psychological treatment, the patient appears to have already received extensive psychological care but the total number of treatment sessions was not stated. Total quantity of treatment sessions provided to date is needed to determine if the request for more treatment conforms to guideline recommendations. The utilization review determination did mention that the patient had at least 18 sessions of cognitive behavioral therapy after her functional restoration program. Because functional restoration programs are often only attempted after some outpatient psychotherapy has already been provided, and because FRPs also include the use of cognitive behavioral therapy, it is very likely that she is already exceeded the maximum recommended quantity of sessions. In addition, the quantity of sessions being requested for this IMR was not stated. The medical necessity of unlimited cognitive behavioral therapy treatment is not supported by the documentation submitted for consideration. Also missing, was adequate documentation of objective functional improvements. There was one progress note was provided that summarized some treatment gains in broad in general terms that

the patient has made, however there was no discussion of when these gains were reached. Additional treatment goals for future sessions were provided, but there was no specific time-frame for estimated completion. Due to insufficient information, the request does not reach the threshold of medical necessity and therefore the request is not medically necessary.