

Case Number:	CM14-0173754		
Date Assigned:	10/27/2014	Date of Injury:	08/03/2013
Decision Date:	12/04/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 clinical 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:

Based on the records provided for this IMR, this patient is a 55 year-old male who reported an industrial/occupational related injury that occurred on August 3, 2013 during the course of his employment as a golf instructor. The injury reportedly occurred when he dislocated his hip while trying to shine his shoe, aggravating a chronic long term pre-existing injury. There have been 3 episodes of hip dislocation. A limited partial list of his medical diagnoses include: degenerative disc disease, spinal stenosis lumbar, sprain/strain lumbar, dislocated hip unspecified closed, hip pain. He is also status post revision of total hip replacement November 2011. Reports continued right hip pain and low back pain radiating down to the right lower extremity. In addition to pain medications he has been prescribed the Cymbalta for depression 30 mg one time a day. Psychiatric evaluation from May 2014 states that he is diagnosed with: Persistent Depressive Disorder, and Recurrent Major Depression. Additional pre-existing psychiatric diagnoses are listed as well. The patient appears to have had a total of 13 sessions to date of cognitive behavioral therapy, with some objective functional improvements noted as a result of the treatment including: starting an exercise program, increased tolerance for activities of daily living and increased anxiety. Levels of pain and depression appear unchanged. The treatment plan includes stabilizing mood, promoting sleep hygiene, increasing activity levels, teaching patient to assume responsibility for their own recovery, developing skills to focus on reducing somatic complaints and symptoms of anxiety and depression and increasing repertoire of pain management skills. A request was made for 8 additional sessions of cognitive behavioral therapy, the request was non-certified; this IMR will address a request to overturn the utilization review decision to not authorize the sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT x 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, October 2014.

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. The request for 8 additional sessions of cognitive behavioral therapy appears to be reasonable and medically necessary. As best as can be determined he has received 13 prior treatment sessions to date and this request for 8 would bring the total to 21. While this is one session more than the maximum quantity recommended in the guidelines, it only exceeds the number by 1 session. The medical necessity of additional sessions is contingent upon 3 factors: patient psychiatric symptomology, patient response to treatment with evidence of objective functional improvements, and total session quantity falling within the recommended guidelines. The patient meets all 3 criteria with continued symptoms of significant depression that while is pre-existing before his injury appears to be exacerbated by the current situation, total number of sessions falls within guidelines, and a reasonable amount of objective functional improvements were documented in the records provided (improved ADL, increased exercise and decreased anxiety). Given that these additional sessions will bring the total to the amount that exceeds the maximum, although only slightly, it will be important to use these final sessions to bring the treatment to a conclusion and transition him to independent care. The request is medically necessary.