

Case Number:	CM14-0189181		
Date Assigned:	11/20/2014	Date of Injury:	04/26/2012
Decision Date:	01/08/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/12/2014

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 Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 59 year old with an injury date on 4/26/12. The patient complains of right hip pain with onset 5 days prior per 2/6/14 report. The patient complains of psychiatric distress and failed coping, increased social isolation/avoidance, decreased self-care activates, sleep disturbance, and mild cognitive impairment per the 4/28/14 report. The patient meets criteria for DSM-IV-TR criteria for moderate major depression, single episode, and anxiety disorder per 4/28/14 report. Based on the 2/7/14 progress report provided by the treating physician, the diagnoses are: 1. acute kidney injury secondary to volume contraction in combination with rhabdomyolysis and acute tubular necrosis from hypotension 2. polysubstance abuse 3. history of hypertension 4. history of osteoarthritis An exam on 2/7/14 showed "no chest pain, clear bilaterally, cardiovascular: regular rate/rhythm, and Abdomen: soft non-distended, non-tender." The patient's treatment history includes medications, work modifications, and prior psychotherapy (8 sessions). The treating physician is requesting cognitive behavioral therapy x 10 sessions (chronic pain). The utilization review determination being challenged is dated 10/15/14. The requesting physician provided treatment reports from 2/10/14 to 9/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x10 sessions (chronic pain): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter on Mental Health, Cognitive Behavior Therapy

Decision rationale: This patient presents with right hip pain, and depression. The physician has asked for cognitive behavioral therapy x 10 sessions (chronic pain) on 4/28/14. The utilization review letter dated 10/15/14 report states that the patient recently had 8 psychotherapy sessions. Regarding Cognitive Behavior Therapy, the ODG states that a 4 to 6 session trial should be sufficient to provide evidence of 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. The ODG Psychotherapy Guidelines allow up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.). In cases of severe Major Depression or PTSD, up to 50 sessions are possible if progress is being made. In this case, the patient presents with major depression. For chronic pain, cognitive behavioral therapy treatments are recommended at 6-10 sessions with demonstration of benefit. For depression, the ODG recommends up to 13-20 visits. Given the patient's significant depression, and the reports indicating just 8 sessions of therapy thus far, an additional 10 sessions would appear reasonable to address the patient's depression as well as chronic pain. For more treatments in addition to these, documentation of progress would be required. The request is medically necessary.