

Case Number:	CM14-0189303		
Date Assigned:	11/18/2014	Date of Injury:	01/28/2011
Decision Date:	01/07/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/11/2014

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 are provided for this IMR, this patient is a 52 year old female who reported a work-related injury that occurred on January 28, 2011 during the course of her employment for [REDACTED]. The injury reportedly occurred when she slipped and fell on urine in the bathroom and she fell backwards onto her buttocks landing on her buttocks, left hip, and arms and was in such severe pain that she could not get up without the paramedics. She injured her left shoulder, low back, and neck. She is required to shoulder surgeries. She reports constant aching and sharp pain with headache over her right occipital area radiating to the right temple. She also reports constant aching pain over the bilateral shoulders and posterior neck with muscle spasm. There is also low back to bilateral groin and left hip pain that radiates to the leg and foot. Conservative treatments have not provided adequate relief and she is being considered for surgical interventions. This IMR will address her psychological symptomology as it relates to the current requested treatment. A report from August 12, 2014 indicates impact of her pain on the following: sleep, ability to participate in social activities, interference with relationships, decreased sexual activity and concentration and mood and increased anxiety and depression and irritability, and significant decreases in activities of daily living. A progress note from her primary treating physician from October 28, 2014 states that a request was made for cognitive behavioral training with [REDACTED] "to help manage pain, but there was no response". No psychological reports, diagnoses or treatment session notes were provided for consideration for this IMR. There was no details of her psychological symptomology other than the above noted. A request was made for 12 sessions of cognitive behavioral therapy and one cognitive behavioral therapy consultation. The request was non-certified, however utilization review offered a modification of the requested 12 sessions to allow for 6 sessions. This IMR will address a request to overturn that determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, 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, November 2014 update

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 regards to the requested treatment for 12 cognitive behavioral therapy sessions, the medical necessity of the requested treatment was not established based on the records provided for this review. No medical records from a treating mental health professional were provided for this review. It appears that she is not had any psychological treatment so far which would explain the lack of medical records. This appears to be an initial request to start a new course of treatment. According to both the MTUS and the ODG official disability guidelines, an initial treatment trial that consists of 3 to 4 sessions (MTUS) or up to 6 sessions (ODG) should be provided to properly identified patients. This request for 12 sessions exceeds that amount. The initial treatment trial is done to identify whether or not the patient responds to the treatment with objective functional improvements. The authorization of psychological treatment is contingent upon significant patient symptomology and the patient making progress in treatment. Most patients may receive a total of 13-20 sessions maximum, if medically necessary, and if they are making progress in the treatment. The progress includes objective functional improvement as reflected in improved activities of daily living, decreased

dependency on future medical care, and a reduction in work restrictions if applicable. The request for 12 sessions is nearly the lower limit of the maximum recommended quantity. It is noted that treating providers are responsible for monitoring progress during the course of treatment to determine patient response and to identify treatment failures and make other suggestions for treatment if appropriate. The utilization review appropriately modified the requested 12 sessions to allow for an initial 6 sessions, this was the correct decision. Because the medical necessity of the requested 12 sessions was not established, the original utilization review determination is upheld.