

Case Number:	CM14-0189771		
Date Assigned:	11/20/2014	Date of Injury:	09/04/2012
Decision Date:	01/08/2015	UR Denial Date:	10/28/2014
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 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 provided medical records, this patient is a 45-year-old male who reported an industrial related injury that occurred on September 4, 2012 during the course of his employment for [REDACTED] as a grip. On the date of injury, he was working on the roof of the tent to repair a tear when his boot got caught on a nail and he felt 8 feet landing on his hands and jarring his back. The injury resulted in significant injury and 4 years of missed work with considerable medical interventions and surgeries. The patient reports ongoing pain in his neck, upper and lower back, bilateral shoulders and bilateral knees. He also has considerable G.I. distress and symptomology. Medically, a partial list of his diagnoses includes: cervical sprain/strain; cervical spondylosis C5-C7; status post bilateral shoulder humeral head replacement/hemi-arthroplasty; status post spinal fusion at L5-S1; G.I. and sleep disturbance; bilateral knee and ankle. This IMR will address his psychological symptomology as it relates to the current requested treatment. He is noted to have anxiety, severe financial strain, and repeated marital difficulties as a result of his injury. Anxiety psychiatric medications have included Xanax, Ambien, and Zoloft for depression. It appears that Wellbutrin has also been used and possibly Cymbalta. His current psychiatric medications are not clear. Another injury occurred on September 4, 2012 while he was laying down a 100 pound dolly track and the curb collapsed causing him to fall forward "resulting in a noticeable protrusion in his low back." Anxiety episodes increased considerably and he was again unable to work with new relationship problems resulting. He reports feeling sad, anxious, irritable and impatient with recurrent thoughts of death but no overt suicidal thoughts. He complains of emotional difficulties including anxiety, guilt, grief, fear, denial, uncertainty, agitation, depression, anger, and irritability as well as cognitive confusion and poor attention, nightmares social withdrawal and suspiciousness and multiple additional psychological symptoms. Although he has participated in

psychological and psychiatric treatment, his prior psychological treatment history is unclear. There was a psychological consultation that took place on November 30, 2012 (not included for consideration) and another one was conducted more recently on October 1, 2014 (included for consideration). He has been diagnosed with Major Depressive Disorder, recurrent, moderate; and Dependent and Avoidant Personality Features (not personality disorder). A request was made for 6 months of weekly individual cognitive behavioral therapy sessions (24), the request was non-certified without modification by utilization review. This IMR will address a request to overturn the non-certification determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) months (24 sessions) of weekly individual CBT (Cognitive Behavioral Therapy):
Upheld

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

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. 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 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 cases of Severe Major depression/PTSD additional sessions up to 50 can be allowed if progress is being made. The medical necessity of the requested treatment was not established by the records provided. The request for 24 treatment sessions of cognitive behavioral therapy over a 6 month period of time is not consistent with MTUS treatment protocol. The request is excessive in quantity and duration, and it does not take into account the need for ongoing evaluation and monitoring of symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In most cases, 13-20 sessions would be the maximum recommended for most patients assuming that objectively measured progress is being evidenced and documented. The request for 24 sessions exceeds that number and does not account for prior treatment sessions which given the duration of his injury may be considerable. There was no detailed information provided for consideration with regards to his prior psychological treatment in terms of duration, quantity, and outcome in terms of objective functional improvement. Without knowing his prior psychological treatment history in sufficient detail it is not possible to determine whether or not additional psychological treatment is warranted. Continued

psychological treatment is contingent not only upon significant patient symptomology but documentation of patient progress and benefit from treatment including objective functional improvements. In addition the total treatment duration should conform to the above mentioned treatment guidelines. Because of these reasons, the medical necessity of the requested treatment was not established. Because medical necessity was not established the request to overturn the utilization review determination for non-certification is not approved.