

Case Number:	CM14-0189853		
Date Assigned:	11/21/2014	Date of Injury:	05/08/2011
Decision Date:	01/08/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/13/2014

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 provided records, this patient is a 49 year old female who reported a work-related injury on May 9, 2011 during the course of her employment for the [REDACTED] as a Janitor Supervisor II. The injury occurred while she was pushing a large cart of laundry up a carpeted ramp and heard a pop in her right knee with immediate pain. There are prior industrial related injuries in 2003 and 2005. She has been diagnosed medically with: lower leg joint pain; neck and lumbar region sprain and strain; abdominal pain. She is status post ACL repair This IMR will address her psychological symptoms as it pertains to the current requested treatment. A comprehensive psychiatric evaluation was conducted completed on June 18, 2014. Psychologically she's been diagnosed with: Major Depressive Disorder, Recurrent, Severe without Psychotic Features; Anxiety Disorder Not Otherwise Specified (Including Panic Disorder Symptoms); Pain Disorder Associated with Both Psychological Factors and a General Medical Condition; PTSD (Chronic, Non-Industrial, Resolved; Rule out Sleep Disturbance (Partially Resolved); Rule out Somatoform Disorder/Sleep Disorder; Diagnosis Deferred on Axis II Avoidant and Dependent Traits noted. She has been prescribed the psychiatric medications Effexor 37.5 mg BID, and Ambien 5 mg. She reports that Effexor is helpful in reducing her depressive symptoms. She reports continued feelings of sadness, irritability, frustration and feeling overwhelmed. There is also reported decrease in social activities and difficulty sleeping, and loss of appetite with 15 pound weight loss. She also reports interpersonal difficulties. A primary treating physician progress note from August 19, 2014 states that she has been authorized for cognitive behavioral therapy and will be starting shortly. There is no further mention of the patient starting this treatment in subsequent reports from the same physician. No psychological treatment progress notes were provided that reflected patient participating in any psychological treatments other than a mention of one biofeedback session having occurred.

However, there are indications that she has participated in some psychological treatment however the nature, duration, quantity, and outcome of the sessions, if any, is unclear. A request was made for "extension of cognitive behavioral therapy quantity 12 sessions" -the request was non-certified with a modification offered by utilization review to allow for 4 sessions. 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:

Extension of CBT to 2/30/15 qty:12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability 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, 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 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) 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. The medical records that were provided for this IMR do not substantiate the medical necessity of the requested treatment. There were no psychological treatment records provided indicating whether or not she has completed any prior psychological treatment. The only exception was the mention of one biofeedback session occurring in 2014 for which no medical records were provided. However, there were several mentions in the medical record suggesting that she perhaps has received prior psychological treatment. These references were vague, nonspecific, and did not contain sufficient detail to determine conclusively whether or not they occurred and if so how many and what the outcome was. If in fact she is not had any prior treatment then the request for 12 sessions exceeds MTUS guidelines which recommends an initial treatment trial of 3 to 4 sessions to determine whether or not treatment results in improved functioning. It should be noted that the utilization review did offer a modification of the requested 12 sessions to allow for four sessions. No additional documentation was provided that would suggest whether or not these four sessions were completed and if so if resulted in improved functioning. If she has had prior treatment sessions, then authorization of additional treatment sessions is contingent upon documentation of objective functional improvements that were derived from prior treatment. There was no evidence submitted of this. Because of these reasons, the medical necessity of the requested treatment has

not been established. Because medical necessity was not established the request to overturn the utilization review determination for non-certification of 12 sessions is not approved.