

Case Number:	CM14-0204289		
Date Assigned:	12/16/2014	Date of Injury:	12/02/2011
Decision Date:	02/23/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 48 year old male who reported a work-related injury that occurred on December 2, 2011 during the course of his employment at [REDACTED]. The mechanism of injury is reported as prolonged chemical exposure and repetitive heavy lifting and cumulative repetitive movements. He reports low back pain, right lateral elbow and left knee pain. This IMR will address the patient's psychological symptoms as they relate to the current requested treatment. He was first seen for an initial comprehensive psychological evaluation and psycho-diagnostic testing on August 4, 2013 and was subsequently seen for psychological reevaluation on October 8, 2014. Psychologically, he has been diagnosed with the following: Major Depressive Disorder, single episode, moderate; and Insomnia. He reports that the pain interferes with his sleep, recreational and sexual activity. He has been prescribed and takes the medication Effexor. His score on the Beck Depression Inventory is indicative of severe depression and he reports passive suicidal ideation and his score from the Beck Anxiety Inventory is indicative of severe levels of anxiety. He reports sadness and depressed mood on a regular daily basis feelings of helplessness and hopelessness and thoughts and feelings and irritability. He is described as being demoralized and withdrawn with decreased energy and decreased ability to concentrate with a flat affect. Psychological treatment was requested in August 2013. Is unclear whether or not he received this treatment. A request was made for 3 cognitive behavioral psychotherapy sessions; with improvement another 10 sessions over 10 weeks. The request was modified by utilization review to allow for 3 cognitive behavioral

psychotherapy sessions with the additional 10 sessions non-certified pending results of the initial 3 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:

Three Cognitive Behavioral Psychotherapy Sessions; with improvement another 10 sessions over 10 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations; Behavioral Interventions Page(s): 23, 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

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 2013 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. With regards to the request for 3 psychological sessions of cognitive behavioral therapy, the records provided do not reflect support the medical necessity of this request. According to the MTUS guidelines, patients should have an initial treatment trial of consisting of 3 to 4 sessions. Additional treatment is contingent upon the outcome of those sessions. This request is written in a manner that does not follow those guidelines. It is unclear what the patient's psychological treatment history has been. Over 1250 pages of medical records were reviewed and no psychological treatment records other than the evaluations were found. Specifically, treatment progress notes detailing quantity and outcome of prior treatment are needed to establish medical necessity. If the patient has only had 3 sessions as part of an initial treatment trial then the progress notes from these sessions are needed. He had a psychological evaluation that recommended psychological treatment and there were no progress notes provided from any psychological treatment provider nor was there a summary statement discussing the patient's psychological treatment history, if any has occurred. According to the MTUS guidelines and initial block of 3-4 treatment sessions is needed in order to determine if he benefits from treatment. There was no documentation of these 3-4 sessions. Information regarding the patient's psychological treatment history needs to be provided in detail including prior treatment sessions and if any functional improvements that occurred as a result of the treatment. Additional sessions can be considered medically necessary based on documentation of patient improvement as a result of treatment. Without this documentation,

additional sessions cannot be considered medically necessary. Due to insufficient documentation, medical necessity was not established. Therefore, this request is not medically necessary.