

Case Number:	CM14-0209207		
Date Assigned:	12/22/2014	Date of Injury:	03/28/2002
Decision Date:	02/11/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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 Psychologist (PHD, PSYD) 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 67 year-old male who reported a work-related injury on March 28, 2002 during the course of his employment for [REDACTED]. The mechanism of injury was stated that the transmission in his bus malfunctioned, causing it to jerk backwards somewhat violently and resulted in substantial back pain. He is status post multiple back surgery including posterior fusion at L5 S1 in May 2007. This IMR is focused only on his Psyche. According to a treatment progress note from August 8, 2014 the patient is described by his primary treating therapist as very depressed, "that life with his level pain is not worth living" and "there is no meaning in living a life like this, why should I continue to go on?" But that his faith is a major barrier preventing him from hurting himself. Beck Depression inventory score was 37 which is in the severe range and according to the treating therapist is 10 to 14 points higher than his usual score. Patient reports pain in his right shoulder. Another treatment progress note was found from September 19, 2014 Beck Depression Inventory scored 27 indicating a moderate range of clinical depression continued reports of significant pain and despair with depression. Treatment is described as "providing him with coping skills." No specific details about the coping skills being provided in the patient's ability to utilize them was discussed. An additional treatment note from November 3, 2014 indicates patient reports chronic fatigue and sleeping during the day with breathing problems and that he uses sleep to escape from this situation and has anhedonia and hopeless about the future. He is diagnosed with the following psychological disorders: Major Depressive Disorder, single episode, moderate without psychotic features; Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. It was noted that he has had 104 prior sessions of CBT. There was no documentation of objective functional improvement or other patient benefited from prior treatment sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT)

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 recommend 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) allows for a more extended treatment. According to the Official Disability Guidelines 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. Official Disability Guidelines 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 request for 6 additional cognitive behavioral therapy sessions, the medical necessity the request was not established by the documentation provided for consideration. It was indicated that the patient has already received at least 104 prior psychological CBT sessions. Although several treatment session notes were provided, there was no exact precise total of how many sessions the patient has had to date. In addition there was no treatment plan with specific goals and estimated dates of accomplishment. There also was no discussion of treatment benefits/objective functional improvements derived from prior treatment. Continued psychological treatment is contingent upon documented patient improvement from treatment including objective functional improvements. Continued psychological treatment is also contingent upon establishing medical necessity based on severity of patient symptomology and that the total number of treatment sessions is consistent with MTUS and Official Disability Guidelines. According to these guidelines, an adequate course of treatment for most patients

would consist of 13-20 sessions over a 7 to 20 week period. In some cases of very Severe Major Depressive Disorder/PTSD additional sessions up to a maximum of 50 can be offered. In this case, the patient does appear to be suffering from Major Depression with a level of severity ranging from severe to moderate. In terms of the degree of his symptoms he does appear to qualify for extended treatment, however it also appears that he is already had at least double maximum recommended quantity for most patients who have severe symptomology. Continued treatment is also contingent upon documentation of progress and patient benefit being made in treatment as exemplified by improved activities of daily living, reduced reliance on future medical care, and a reduction in work restrictions -if applicable. Because these factors were not evidenced in the documentation provided, medical necessity could not be established. Therefore, this request is not medically necessary.