

Case Number:	CM14-0211473		
Date Assigned:	12/24/2014	Date of Injury:	09/19/1999
Decision Date:	02/17/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/17/2014

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 provided medical records, this patient is a 40 year old female who reported a work-related injury that occurred on September 19, 1999. She has reported chronic back pain from lumbar radiculopathy and degenerative disc disease that occurred as a result of a work-related injury. The mechanism of her injury was not readily apparent in the documents provided. According to a primary treating physician report from 11/11/14, "she absolutely requires at least weekly visits with the psychologist. Prior to her treatment with Dr. [REDACTED] her functioning was very poor and her depression was severe. She has made very good progress with weight loss, functional improvement, and reduced her medications by over 50% since she began receiving the Comprehensive Care with [REDACTED] including Dr. [REDACTED] treatments. Without these services her depression has already begun to increase... Without the needed adjunctive treatments she will need more pain medication which she has fought so hard to reduce. She is committed to continuing to reduce the medications that she needs (the treatments) and transportation to her visits." A treatment progress note from the primary treating psychologist from August 5, 2014 states that "she has continued to be seen twice a week for biofeedback services which have been helpful in reducing her muscle tension with a moderate reduction in her pain. This has increased her mobility and increased her functionality and she continues to maintain a fairly level of independence at this point." A request was made for 10 sessions of cognitive behavioral therapy, the request was partially certified by utilization review to allow for 4 sessions and the remaining 6 were noncertified. 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:

10 Cognitive bio-behavioral therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

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) allows for 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 this request for 10 additional sessions of cognitive bio-behavioral therapy, the patient has already received a unspecified quantity and duration of psychological treatment. The total duration and quantity of her treatment is unclear as it was not reported in the records provided. The MTUS treatment guidelines recommend a treatment course consisting of 6 to 10 sessions, whereas the official disability guidelines allow for 13-20 sessions for most patients. There is an exception made for patients with severe psychological symptomology of major depression or PTSD which allow for up to 50 sessions maximum. It is unclear whether the 10 additional sessions would be exceeding that guideline or not but because of her injury occurred in 1999 and it appears that she been in treatment for quite some time the 10 additional sessions probably do exceed guidelines. Utilization review did allow for 4 additional sessions to help facilitate the patient's transition to independent psychological functioning and utilization of cognitive behavioral techniques. Continued psychological care is contingent not solely upon significant patient symptomology but also demonstration of objective functional improvement and that the total duration and quantity of sessions provided are consistent with recommended guidelines. The patient does appear to have benefited from prior treatment with increased functioning, reduction in medication, and improved symptoms.

However because this request appears to exceed guideline maximum recommendations, medical necessity does not appear warranted especially in the context of four additional treatment sessions that were authorized. Therefore the medical necessity is not established.