MAXIMUS Federal Services

Case Number:	CM15-0004435		
Date Assigned:	01/15/2015	Date of Injury:	08/03/2011
Decision Date:	08/07/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/08/2015

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:

The injured worker is a 53 year old male, who sustained an industrial injury on 8/3/2011. The mechanism of injury is pulling on an axle. The injured worker was diagnosed as having chronic pain and depression. There is no record of a recent diagnostic study. Treatment to date has included shoulder surgery, hand surgery, physical therapy and medication management. In a progress note dated 11/04/2014, the injured worker complains of hopelessness, decreased motivation and increased tired feeling. Physical examination showed the injured worker showed restricted affect. The treating physician is requesting 12 weekly cognitive behavior therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 weekly cognitive 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 (ODG) Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental

Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: A request was made for 12 weekly cognitive behavioral therapy sessions; the request was modified by utilization review to allow for 4 weekly cognitive behavioral therapy sessions with the remaining 8 sessions non-certified. The rationale provided by utilization review for its decision was stated as: "proceeding with cognitive behavioral therapy appears warranted for the patient. He was under psychiatric care and was diagnosed with depressive disorder. Additionally the patient was taking medications for mental health complaints with feelings of hopelessness for his current condition. The January 2, 2015 signed response indicates that the patient has not completed cognitive behavioral therapy before as a treatment option and guideline support an initial trial of 3 to 4 visits..." This IMR will address a request to overturn that decision. As best as could be determined, it appears that the utilization review decision made a mistake in assuming that this is a start of a new psychological treatment when fact it is a continuation of an already in progress treatment. According to a March 2015 psychotherapy treatment report from Valley Neuropsychological Services, it is noted that the patient is actively participating in psychological treatment. Psychotherapy progress notes state that the patient was seen 2 times during the month of March 2015 for one hour each in the 12 sessions were requested in September 2014. Furthermore it is noted that 12 additional sessions were requested at a later date and therefore were authorized on January 3, 2015. It is stated that the patient has "attended 13 of 16 sessions overall. He is noted that from a psychological perspective that he has been diagnosed with the following: Adjustment Disorder with Mixed Anxiety; Depressed Mood; and Pain Disorder Associated with Psychological Factors and a General Medical Condition. The same treatment progress note goes on to mention that he is being treated by a psychiatrist with psychotropic medications and was reporting improvement in his overall mood and motivation to do things around the house on a day-to-day basis. It is noted that in therapy he is working through his feelings of frustration and anger at his present situation and inability do as much as he would like to do. He is being asked to log his pain levels in the journal and keep track of changes in patterns and tasks that he is able or unable to do. In therapy there also supplementing that journal with a log of positive things he's accomplishing during the week. Continued therapy would be to assist the patient in learning different ways to cope with chronic pain and associated thoughts, feelings and behaviors which contribute to his pain levels. Setting appropriate goals and increasing self-worth and reducing anger depression are also treatment goals listed. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. Although the patient meets the criteria for continued psychological treatment based on continued psychological symptomology at a clinically significant level as well as reports of making progress in treatment, the total quantity of provided sessions that the patient has already received to date (16 authorized) in addition to the requested additional 12 sessions would bring the total quantity to 28 treatment sessions. The MTUS guidelines recommend a course of psychological treatment consisting of 6 to 10 sessions whereas the official disability guidelines recommend 13 to 20. And while there is an exception that can be made in cases of severe major depressive disorder or PTSD but it appears that this

patient does not have this diagnosis. Because the request is exceeds the industrial guidelines for psychological treatment by 8 sessions the medical necessity the request is not established and therefore the utilization review determination is upheld.