MAXIMUS Federal Services

Case Number:	CM15-0006631		
Date Assigned:	01/26/2015	Date of Injury:	07/24/2010
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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:

According to the provided medical records, this female patient reported a occupational related injury that occurred on July 24, 2010. The mechanism of injury is that the patient was employed for the company [redacted] as a cleaner and moving boxes of merchandise to clean the spa and wipe down the floors, windows and walls. On the date of injury she injured her low back while lifting a heavy boxes work with pain radiating upper back to the neck and shoulders.She has participated in physical therapy, conventional medical pain management interventions such as epidural steroid injections MRI, Multiple surgical interventions as well as pain medication. The patient's prior psychological treatment history is unclear however some details were noted, including: the start of psychological treatment with a psychological treatment that included biofeedback with [redacted] in 2011. It was described is not helpful with no benefit in reduction in the intensity of psychological symptoms and notation that she was "still very depressed and stressed and didn't feel well at all, I was not getting any better. There was further deterioration in her psychological status after a spinal lumbar fusion did not result in improved pain levels and led to increased anxiety with what sounds like panic attack. With severe thoughts of suicide and contemplation of buying a gun she was hospitalized via a 5150 which led to a reduction in her suicidal ideation based on thoughts of the impact on her family. She discontinued psychological treatment at that time. In November 2014 she started psychological treatment with [redacted] but it appears possible she only had an initial assessment without any subsequent treatment is best as could be determined. Psychologically she describes feeling discouraged and frustrated with activities of daily living being impacted resulting in depressed

mood and anxiety with worsening financial situation and difficulty engaging in normal activities. Psychologically she's been diagnosed with the following: major depressive disorder, single episode, severe; generalized anxiety disorder; insomnia related to generalized anxiety disorder and chronic pain; Stress -related's physiological response affecting headaches and G.I. disturbance. It is noted that she has a history of suicidal ideation with persisting thoughts of death and active suicide plan noted in 2012.A treatment progress note from the primary treating psychologist was found from December 15, 2014. The progress note reports that the patient is experiencing persistent pain that interferes with her activities of daily living and sleep patterns. She tends to isolate socially and feels withdrawn, is having difficulty concentrating and remembering. She feels sad, tired, hopeless, and helpless. She worries excessively about her emotional and physical condition and financial circumstances. Her mood is described as sad and anxious. Her affect is described as depressed and that she is in need of treatment for emotional symptoms of anxiety and depression.Treatment goals are listed as decreasing the frequency and intensity of depressive and anxious symptoms. As well as improving the duration and quality of sleep. There is a notation that she has made some progress towards current treatment goals as evidenced by: improvement in managing emotional symptoms. It is also noted that her current emotional condition remain stable psychotherapy interventions. Cognitive behavioral group psychotherapy is being requested one time a week.A request was received for 8 group cognitive behavioral therapy visits. On December 22, 2014, the request was not approved pending additional information on January 13, 2015 regarding the total amount of psychological treatment she has had, a follow-up note indicted that the patient has not received any prior group therapy or hypnotherapy because of not receiving authorization authorization. A request was made for 8 sessions of group cognitive behavioral therapy, the request was 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:

8 Group Cognitive Behavioral Therapy Visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines: See al. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines February 2015 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) allow 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. The medical necessity of the requested procedure was established by the documentation provided for review. Significant patient symptomology was evidenced including a past history of severe depression resulting in psychiatric hospitalization for suicidal ideation and plan, recent psychiatric symptomology continues at a less severe level. The records provided for consideration were inadequate in the sense of clear documentation of whether or not the patient has been participating in treatment since her November 2014 psychological evaluation. There was one progress note indicating that perhaps she has had a little bit of treatment but on the whole it appears that she has not received the maximum amount allowed by the treatment guidelines and that there is reason to suggest that she could benefit from additional treatment even though a prior treatment session was not beneficial she has subsequently been through several surgeries and may have a better outcome. Although there are several valid reasons for non-certification, an exception can be made in this case based on the fact of: severe patient symptomology, most likely limited duration of prior psychological treatment, and that treatment guideline maximums have not been exceeded. It would not be expected to have outcome measures based on this treatment as it appears likely she has received minimal or no treatment. The request for 8 sessions is somewhat problematic in that it exceeds the guidelines for an initial treatment trial. The treatment guidelines specifically state that an initial treatment trial consisting of 3 to 4 sessions (MTUS) or 6 sessions (official disability guidelines) should be offered in order to determine whether or not the patient benefits from treatment. This request is for 8 sessions and violates that important treatment protocol. A rare exception can be made in this case to allow for the starting of treatment due to what appears to be long delays in getting any treatment started for her. Therefore the utilization review determination for non-certification is reversed allowing for the authorization of 8 sessions of group medical psychotherapy based on medical necessity and appropriateness of the request.