

Case Number:	CM15-0008663		
Date Assigned:	01/26/2015	Date of Injury:	03/07/2007
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/15/2015

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 49 year old female, who sustained an industrial injury on 3/07/2007. The diagnoses have included myositis, shoulder joint pain, elbow joint pain and right arm pain. Treatment to date has included physical therapy, work modifications, medications, TENS unit and acupuncture. Magnetic resonance imaging (MRI) of the cervical spine (no date provided) is read by the evaluating provider as within normal limits. Currently, the IW complains of pain to the right side of her neck and arm. She reports that the pain is getting worse and is traveling to the left shoulder. Objective findings included limited abduction range of motion of the right arm and shoulder. She is able to rotate the bilateral shoulders equally. Range of motion of the right wrist is almost equal to the left. There is tenderness at the AC joint and right medial aspect of the elbow and sensory is decreased in the right hand and ulnar aspect of the forearm. On 12/23/2014, Utilization Review non-certified a request for cognitive behavioral therapy (CBT) x 6 visits, noting little documentation supporting benefit or objective functional improvement and no new injury. The MTUS and ODG were cited. On 1/15/2015, the injured worker submitted an application for IMR for review of CBT x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavior Therapy Treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s). Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 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 recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/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. Decision: According to a progress note/request for authorization from the treating and requesting psychologist, the patient had a "psych QME" on October 20, 2014, a copy of this report was not provided for consideration, the patient would "like to be re-referred to [REDACTED] through work comp she has been seeing the provider for 2 years and was previously admitted to a hospital twice for psychosis and has been paying for monthly treatment out-of-pocket." She is reporting symptoms of excessive fatigue, chest pain, abdominal pain, muscle weakness, drowsiness, difficulty walking and falling asleep and remaining asleep. An insurance communication from August 22, 2014 notes that the patient is authorized to be seen by the treating psychologist for consultation but there is a dispute about whether or not the psychotic disorder not otherwise specified has an industrially-based causation. In response a report from October 21, 2010 provides a diagnosis of: depressive disorder not otherwise specified, anxiety disorder not otherwise specified, History of psychotic disorder not otherwise specified in fully sustained remission. It was noted that the depressive disorder and anxiety disorder is a direct causation of the industrial injuries at least 51%, with a recommendation for 12 to 16 psychotherapy visits in conjunction with continued psychotropic management with psychiatrist. A lengthy list of psychiatric symptoms was provided including: nervousness, unpleasant thoughts repeated, critical, self blame, depressed, worried, loss of interest, sleep disturbance, indecisiveness, etc. Beck Depression and anxiety inventories were scored in the severe range. Continued psychological treatment is contingent upon the following all being present: significant patient symptomology, documented evidence of prior psychological treatment benefit

including objective functional improvement, and total quantity of sessions conforming to the above stated treatment guidelines. With regards to the request for 6 sessions of cognitive behavioral therapy the medical necessity of the request was not established by the documentation provided for review. Although it does appear that the patient is experiencing significant psychological symptomology, there is no documentation provided whatsoever from her prior treatment. It is clear that she has received some psychological care in the past however it is unknown when this occurred and how many sessions were provided and what the treatment outcome was in terms of patient benefit. Because according to the official disability guidelines for most patients the course of psychological treatment consisting of 13-20 sessions maximum is sufficient with an exception made for severe/extreme levels of major depression or PTSD symptomology up to 50 sessions with documented evidence of patient benefit. It was not possible to determine how many prior treatment sessions the patient has had and whether or not response to prior treatment results in objectively measured functional benefit. These both are needed in order to establish medical necessity and because they were not provided medical necessity was not established. Because medical necessity was not established the utilization review determination for non-certification is upheld.