

Case Number:	CM15-0100573		
Date Assigned:	06/03/2015	Date of Injury:	12/06/2011
Decision Date:	07/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/26/2015

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 male with an industrial injury dated 12/06/2011. The injured worker's diagnoses include discogenic cervical condition with disc disease from C4-C7, discogenic lumbar condition, chronic pain, depression, insomnia and stress. Treatment consisted of Magnetic Resonance Imaging (MRI), nerve studies, facet injections, prescribed medications, multiple sessions of cognitive behavioral therapy, acupuncture and periodic follow up visits. In a progress note dated 03/24/2015, the injured worker reported neck and lower back pain with depression. In a progress report dated 4/7/2015, the treating physician reported that the scores from the Beck Depression Inventory (BDI) on 12/30/2014 indicated no change in his depressive symptoms. The treating physician's treatment plan was additional cognitive behavioral therapy because the injured worker continued to struggle with chronic pain and co-morbid mood disorders. The treating physician prescribed services for ten sessions of cognitive behavioral therapy now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 sessions of cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 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 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made for 10 sessions of cognitive behavioral therapy between April 23, 2015 in June 7, 2015. The request wasn't non-certified by utilization review of the following provided rationale: there is no evidence that the patient has made sustained or significant gains with previous treatment. Also, there is no indication that the patient has been assessed for antidepressant medication and his primary diagnosis is depression. The request exceeds California MTUS recommendations which would support up to 10 visits after a trial of 3-4 visits." This IMR will address a request to overturn the utilization review decision. 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 session including objectively measured functional improvement. According to a psychological progress note from December 3, 2014 the patient is feeling better with the help of therapy and continues to need supportive therapy but is doing well and learning to use cognitive behavioral therapy skills to change his negative and conflicting behaviors, thoughts and emotions. He is using stress reduction skills to manage daily stress and overall significant worries and fears about his future. According to a nurse review from April 27, 2015 and verified by the patient's provider's office the patient has attended 15 sessions of Biofeedback therapy and cognitive behavioral therapy sessions between April 7, 2014 and February 20, 2015. It is not known how many sessions he received prior to April 7, 2014 if any. According to a treatment progress note from April 7, 2015 the patient psychological diagnosis is listed as the

following: Major Depression, single episode; Sleep disorder due to a medical condition; pain disorder; opiate dependence (industrial related). Because the patient has received at a very minimum 15 sessions to date the request for 10 additional sessions would exceed the maximum recommended by the official disability guidelines for his diagnosis. This request exceeds the guidelines by 5 sessions. Treatment progress notes were provided, handwritten and somewhat difficult to read, but do reflect that the patient appears to be benefiting from a psychological treatment and subjective terms although there was not a preponderance of objectively measured functional improvement (increased activities of daily living decrease reduction in dependency on future medical care, increased socialization and exercise activities etc.). If in fact the patient has only received 15 sessions he might be eligible for 5 additional contingents upon the establishment of medical necessity and documentation of objectively measured functional improvement. However this request is for 10 sessions and therefore exceeds recommended MTUS/official disability guidelines. Because the request is excessive in terms of session quantity per MTUS/official disability guidelines the request is viewed as not medically necessary. Because the request is not established the utilization review determination for non-certification and is not medically necessary.