

Case Number:	CM15-0104831		
Date Assigned:	06/09/2015	Date of Injury:	09/17/2010
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/01/2015

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 36 year old male, who sustained an industrial injury on 9/17/10. He has reported initial complaints of a 15 foot fall with injury to his pelvis, back, hips and left lower extremity (LLE) and as a result he developed anxiety and depression. The diagnoses have included insomnia, major depressive disorder and generalized anxiety disorder, sacroiliitis, displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis, lumbar sprain, Treatment to date has included medications, activity modifications, orthopedic consult, psychiatric, conservative care and other modalities. Currently, as per the physician progress note dated 5/1/15, the injured worker complains of persistent headaches, frustration and worry about his physical condition and ability to work. He attends groups and finds them helpful. The objective findings reveal that the injured worker appears sad, tired, apprehensive and tense. His demeanor is calm. He is pre-occupied with his physical limitations, as well as his emotional condition. He appears to be responding well to services and is in need of continued treatment in order to continue addressing his physical and emotional condition. The physician noted that the injured worker has made some progress towards current treatment as evidenced by reports of improved mood and hope for the future. The previous psychological sessions were noted in the records. There was no current medications noted and there was no previous diagnostics noted in the records. The physician requested treatment included Cognitive behavioral group psychotherapy (1 time per week for 3 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral group psychotherapy (1 time per week for 3 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

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. Decision: A request was made for cognitive behavioral group psychotherapy 3 sessions one time per week; the request was non-certified by utilization review of the following provided rationale: "the request for cognitive behavioral therapy once a week for 3 weeks is denied at this time since the total number of psychotherapy sessions and objective functional progress have not been reported at this time." This IMR will address a request to overturn that 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 including objectively measured functional improvements. The medical records provided for consideration for this IMR do not establish the medical necessity of the requested treatment. According to a treatment progress note from November 21, 2014 the patient continues to report persisting pain interfering with his

sleep and feelings of nervousness and anxiety regarding his future inability to work and physical limitations. There is a notation of "improvement in his emotional condition." The following treatment goals are listed: decreasing frequency and intensity of depressive and anxiety symptoms and improving the duration and quality of sleep. Treatment progress is noted to be "some improvement in managing emotional symptoms." A similar treatment progress note was found from January 5, 2015. In addition to the above-mentioned treatment goals it is also noted that the patient will "increase the use of appropriate pain control methods to manage levels of pain. The patient's progress in treatment is described as "patient has made some progress towards current treatment goals as evidenced by patient reports of improved mood, ability to cope, and positive thinking with treatment." The provided treatment progress notes do not reflect the total quantity of sessions the patient has received as a result of his psychological sequelae resulting from industrial injury. Without knowing the total quantity of sessions the patient has already received to date and could not be determined whether the request for additional treatment sessions exceeds MTUS/official disability guidelines. In addition although the treatment progress notes do contain treatment goals there is no estimated dates of accomplishment nor any indication of if any of these goals have been met. Treatment progress is listed in general subjective terms with no objectively measured functional indices of patient progress and insufficient documentation of benefit from previously received psychological treatment. For example, objectively measured functional improvements as a result of treatment. Because of these reasons the medical necessity of this request is not established and therefore the utilization review determination for non-certification is upheld. Therefore, the requested treatment is not medically necessary.