

Case Number:	CM15-0017737		
Date Assigned:	02/05/2015	Date of Injury:	06/06/2011
Decision Date:	05/12/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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 38 year old male, who sustained an industrial injury on 6/6/2011. The current diagnoses are major depressive disorder, single episode, severe with psychotic features, insomnia related to pain and depression, post-traumatic stress disorder, diagnosis deferred on Axis II, and chronic pain. According to the progress report dated 12/19/2014, the injured worker continues to report fluctuating depressed mood, admitting that there are days he feels less depressed. He reports all other symptoms to have been at the same level of severity: anhedonia and loss of libido, avolition, increased appetite, marked worthlessness and guilt feeling, low energy and fatigue, irritability and anger, hopelessness, and helplessness. He had several passive suicidal thoughts since last visit, but no plan or intent to hurt or kill himself. His symptoms are mainly related to the pain level. He reports worsening sleep, particularly middle insomnia due to pain. The current medications are Cymbalta, Seroquel, Trazadone, Vicodin, and Gabapentin. Treatment to date has included medication management, MRI studies, acupuncture, and individual psychotherapy. The plan of care includes 6 group cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Cognitive Behavioral Therapy Weekly Times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) 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 Page(s): 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 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: A request was made for cognitive behavioral group therapy weekly times 6, the request was non-certified with the following provided rationale: "there is been extensive cognitive behavioral therapy with no significant improvement, guidelines do not support continuation of CBT without improvement and states there is support for 6-10 sessions over a 5 to 6 week period; he has been provided well beyond this over the past year and his depression and anxiety and functionality and not approved." This IMR will address a request to overturn that decision. Continued psychological treatment is contingent upon the establishment of medical necessity of the request. This typically can be exemplified by all 3 of the following being clearly documented: patient psychological symptomology at a clinically significant level, total quantity of treatment sessions provided and requested consistent with MTUS/ODG guidelines and evidence of patient benefited including objectively measured functional improvement. The provided medical records do not establish the medical necessity of the request. It could not be determined how much prior treatment the patient has received to date. Current treatment guidelines suggest 13 to 20 sessions maximum for most patients with an exception that would allow for up to 50 sessions for patients with PTSD are severe major depression and documentation of medical necessity and patient benefit from prior treatment. Because the total number of sessions received to date was not provided and could not be estimated it was impossible to tell whether or not the request exceeds treatment guidelines are not. Individual psychotherapy progress notes were numbered but the number was reflective of

the authorization and not a cumulative total. For example on October 31, 2014 the progress note was labeled as session number 2, however the progress note indicates that the patient was "missed his last two therapy appointments." This suggests that additional therapy sessions have been provided and the medical records seem to reflect this as well although it could not be definitively established. In addition the progress notes do not measure or reflect patient benefit in terms of objectively measured functional improvements. This is not to say that the patient does not require additional psychological treatment, only that the request was not supported by the provided documents. Because the request is not medically necessary, the utilization review determination for non-certification is upheld.