

Case Number:	CM15-0130150		
Date Assigned:	07/16/2015	Date of Injury:	06/02/2011
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/06/2015

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 57 year old female, who sustained an industrial injury on 6/2/11. Initial complaints were pulmonary problems and shoulder pain. The injured worker was diagnosed as having cervical spondylosis; bilateral shoulder arthropathy; left shoulder rotator cuff tear acromioclavicular arthritis; chronic obstructive pulmonary disease; cervical tension headaches/migrainous component. Treatment to date has included status post left shoulder arthroscopy Mumford procedure/debridement subscapularis tear/superior labral tear rotator cuff repair (6/27/14); physical therapy; cognitive behavioral therapy; status post lung biopsy (5/14/15); medications. Diagnostics studies included MRI cervical spine without contrast (1/16/15); CT chest high resolution (1/22/15); EMG/NCV study bilateral upper extremities (2/15/15); pulmonary function studies. Currently, the PR-2 notes dated 6/4/15 are hand written. These notes indicated the injured worker has a lung biopsy on 5/14/15 and was hospitalized for 4 days and released on 5/18/15. The provider documents she was given a prescription for Percocet but it was not authorized. She has had no pain medications since 5/18/15 and needed the postoperative medication for pain. She continues to have pain with moderate breathing and notes she has decreased breath sounds at the right base, no rales, and coughs with attempted moderate deep breaths. The provider's treatment plan is to follow-up with providers regarding treatment and Percocet for pain. Additional medical documentation indicates the injured worker was in a fire and as a result is diagnosed with chronic obstructive pulmonary disease. As a result of the injuries and diagnoses, the provider is requesting authorization of additional cognitive behavior therapy x8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Psychological treatment Page(s): 23, 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update. Decision based on Non-MTUS Citation Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24.

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 8 cognitive behavioral therapy sessions; the request was non-certified utilization review with the following provided rationale: "the patient appears very depressed and has recently concluded cognitive behavioral therapy. However, there is no documentation concerning functional improvement attributed to therapy. Mental status examination is like was not available for review. Medical necessity cannot be established due to insufficient information." This IMR will address a request to overturn the utilization review's decision. January 15, 2015 doctor's report from the patient's primary treating psychologist makes a notation that the patient has the following diagnoses: "pain disorder associated with a general medical condition; depressive disorder not otherwise specified. It is indicated that the patient began treatment on September 21, 2011, although not specify this presumably is her psychological treatment. The psychological treatment is required according to the patient psychologist to address issues of depression related to her pain and

breathing difficulties. It is also noted that she will ultimately likely need neck surgery and "emotional psychological issues will not be resolved until all of the treatment has been completed and there is a better degree of certainty about where life is going to go. Psychological treatment during this process will be instrumental in helping her maintain a healthier level of functioning and will also contribute to more efficient management of pain." 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. Continued psychological treatment is contingent upon all 3 of the above factors. In this case it is not clear how much treatment the patient has received already to date. The treatment progress note provided indicates that psychological treatment has been provided for a considerable length of time appears to indicate that psychological treatment has been provided since September 21, 2011. The MTUS guidelines recommend a course of psychological treatment consists of 6 to 10 sessions whereas the official disability guidelines recommend a course of treatment consisting of 13 to 20 sessions with evidence of objectively measured functional improvement. There is an exception that can in very severe cases of major depressive disorder or PTSD to allow for additional treatment up to 50 with substantial evidence of patient benefit from treatment. This patient does not appear to meet the criteria for an extended course of psychological treatment based upon the diagnosis provided for this review. Because it could not be determined how many sessions the patient has received to date, and it seems likely that she has already exceeded the maximum recommended quantity as stated in industrial guidelines, the medical necessity of additional treatment is not established.