

Case Number:	CM15-0132457		
Date Assigned:	07/20/2015	Date of Injury:	10/27/2011
Decision Date:	08/17/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/09/2015

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:

This 65 year old female sustained an industrial injury to bilateral wrists, hands and elbows on 10/27/11. The injured worker was receiving ongoing care for depression and anxiety with cognitive behavioral therapy. In a request for authorization dated 4/10/15, the injured worker complained of impairments of sleep, energy, concentration, memory, emotional control and stress-tolerance. Objective findings were noted to be consistent with subjective findings. The physician noted that since the last examination the injured worker's condition had plateaued with no further improvement expected. The physician stated that although the injured worker's chronic industrial psychiatric condition could not be cured, the requested treatment was essential to prevent deterioration and to provide sufficient symptom relief to allow even minimal functioning at home and in the community. Current diagnoses included anxiety disorder and major depressive disorder. The treatment plan included cognitive behavioral therapy psychotherapy every other week through 7/1/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT psychotherapy x 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Official Disability Guidelines (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 5 cognitive behavioral therapy psychotherapy sessions; the request was non-certified by utilization review provided the following rationale for its decision: "this now 65-year-old female has been receiving psychotherapy services since at least 2012, although the total number of sessions attended in the past 3 years is not available for this review. IMR of December 23, 2014 upheld the prior reviews decision to not certify 12 sessions of cognitive behavioral therapy in the absence of any documentation supporting the efficacy of this modality for this patient. Review of March 6, 2014 had recommended 3 additional sessions over the next 6 months to support the patient during the transition to independent application of tools learned during the prior 2 years of psychotherapy, community-based services, and family/ friends/place of worship support networks. To date, there remains no documentation of any efforts to transition patient a formal treatment independence and no documentation of advocacy other than to state that there is no decline a function. The psychologist report of June 16, 2015 is quite brief and does not include any functional goals were documentation of progress towards those goals other than, again to state that the patient has plateaued and is not worse. After at least 3 years of formal treatment there remains no documentation of any endpoint being considered for this treatment modality". This IMR will address a request to overturn the utilization review decision for non-certification of this request. According to a group psychological treatment progress note from April 2, 2015 it is reported that the treatment focused on "combining concepts of actually developing

personalized functional restoration program with notion of small box of activities that we can do right now." There is no indication in this progress note of how many sessions the patient has received to date, there is no indication in this progress note of objectively measured functional improvements achieved by prior treatment sessions. The request itself does not indicate if this is for group therapy or individual therapy. Seven or so similar notes were found. Treatment progress notes provided indicate she has been receiving treatment in a group format rather than individual 1:1 treatment, it is not clear that this is effective for this patient or consistent with industrial guidelines. The total quantity of sessions at the patient has received to date is needed in order to determine whether the request for 5 additional sessions is consistent with MTUS/official disability guidelines. Without knowing the total quantity of sessions that the patient has received to date is not possible to determine whether or not this request would exceed guidelines, however it appears likely that it would-Information on the treatment progress note indicates the total number of patients that have been participating in the group session and it ranges from 7-8 persons in the group. 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 necessity of this request is not established due to the limitations of the provided documentation mentioned above and therefore the utilization review decision is upheld. Therefore, the requested treatment is not medically necessary.