

Case Number:	CM15-0134045		
Date Assigned:	07/22/2015	Date of Injury:	06/07/2011
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/10/2015

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 (IW) is a 45-year-old male who sustained an industrial injury 06-07-2011. Diagnoses include major depressive disorder, single episode, partial remission; pain disorder associated with both psychological factors and a general condition; and insomnia related to depression and pain. Treatment to date has included medications, psychiatric care, and psychological care with cognitive behavioral therapy. According to the progress notes dated 4-16-2015, the IW reported improvement in his symptoms, but no further improvement since his last visit. He stated he felt less depressed and less anxious. He had better energy and was feeling less hopeless and less helpless. Anhedonia was less severe and he was more motivated with improved self-esteem. His anger and irritability was decreased and his concentration and memory was better. He reported his sex drive was better. He also reported his pain was still present every day, but less intense. He continued to have weight gain. On examination his grooming was adequate, demeanor was calm and cooperative. His speech pattern and body movement was normal. He was less anxious and depressed. His affect was constricted but fluid and appropriate to content and situation. He still had some memory problems. A request was made for monthly individual cognitive therapy for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly Individual Cognitive Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and 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: 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. Made for monthly individual cognitive therapy, the request was not certified by utilization review provided the following rationale for its decision: "Extension cognitive behavioral therapy has been provided with no improvement shown; continuation of this modality without improvement is not supported." This IMR will address a request to overturn the utilization review decision. This request is for "Monthly Individual Cognitive Therapy" the request is nonspecific with regards to session quantity. All requests for psychological treatment to reach the IMR level (which cannot be modified and are treated on an all-or-none basis) must have a specific quantity of sessions being requested written on the IMR request otherwise it is the equivalent of an open ended and unlimited course of treatment. The medical necessity of an open ended and unlimited course of monthly individual cognitive therapy is not established by the provided documentation and therefore the utilization review decision is upheld.

