

Case Number:	CM15-0136557		
Date Assigned:	07/24/2015	Date of Injury:	04/05/2013
Decision Date:	08/21/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/14/2015

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 30 year old male who sustained an industrial injury on 04/05/13. Initial complaints and diagnoses are not available. Treatments to date include left hand surgery, left 4th finger amputation, physical therapy, cortisone injections, and medications. Diagnostic studies are not addressed. Current complaints include left hand pain. Current diagnoses include status post left amputation ring finger, generalized anxiety disorder, ad post-traumatic stress disorder. In a progress note dated 06/10/15 the treating provider reports the plan of care as psychiatric evaluation for medication management of anxiety and Cognitive Behavioral Therapy, continued home exercise program/heat therapy, and LidoPro topical. The requested treatments include 12 sessions of Cognitive Behavioral Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior therapy sessions x 12: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

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 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. A request was made for cognitive behavioral therapy, 12 sessions. This request was non-certified by utilization review provided the following rationale for its decision: "Clinical indication necessity of this procedure could not be established. Although there are symptoms of PTSD noted, the claimant is now over 2 years post-exposure; and psychotherapy may or may not be of help. A psychological evaluation is required to explicate indications for any CBT at this time. Care is indicated here since the possibility of worsening the situation such treatment has often happened (Barlow, D. H. 2010). Negative effects from psychological treatments American psychologist, 65 (1), 13-20. I'm not able to establish the basis that this treatment is both reasonable and necessary at this time. My approval is recommended." This IMR will address a request to overturn the utilization review 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. According to a qualified medical evaluation from March 20, 2015 that included a comprehensive psychiatric history, mental status and reviewed medical records as well as administration of psychological assessment it is noted that : The patient apparently started cognitive behavioral therapy according to a note from August 14, 2014 and noted that he is depressed and having anxiety issues with loss of appetite and difficulty falling asleep the pain and that the cognitive behavioral therapy is "helping a lot with his mood. " He is diagnosed with Posttraumatic Stress Disorder; pain disorder associated with both psychological factors and a general medical condition; Generalized anxiety disorder. Current

symptoms of anxiety and the mood disorder are molded. The patient is reported to currently have startle response, hypervigilance, depression, preoccupation with injury, avoidance involved striking hallmarks of this almost. Mental status exam is notable for mild agitation, pressured speech and physiological signs of hyperarousal. It is noted that the patient has "already benefited from a brief trial of cognitive behavioral therapy. He would like to talk more to a counselor I think this is an excellent idea especially if he saw someone with PTSD experience." The medical necessity of the requested treatment was adequately established by the provided documentation. The patient remains psychologically symptomatic, he appears to be benefiting from psychological treatment although further details are needed, and the patient does not appear to have exceeded recommendation for treatment guidelines in terms of session quantity and duration. If any additional sessions in the future are requested, much more detailed information regarding the total quantity and duration of sessions provided would be needed, as well documentation of patient benefit from treatment (if any has occurred) including objectively measured improvements. Because the medical necessity the requested 12 cognitive behavioral therapy sessions was established, the request to overturn the utilization review decision is medically necessary.