

Case Number:	CM15-0139467		
Date Assigned:	07/29/2015	Date of Injury:	11/17/2004
Decision Date:	08/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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 56-year-old female, who sustained an industrial injury on 11-17-04. Initial complaints were of the left posterior thigh and left leg, left hip, left buttock and left lower back. The injured worker was diagnosed as having complex regional pain syndrome lower extremities. Treatment to date has included status post spinal cord stimulator placement at T8-9 on (10-17-09), removed and a new stimulator was placed (May 2010); medications. Currently, the PR-2 notes dated 5-27-15 indicated the injured worker presented for a pain management consultation. She has a history of complex regional pain syndrome (CPRS) of the lower extremities with a spread of the CPRS to the upper extremities. She is a status post spinal cord stimulator placement at T8-9 on 10-17-09, and then removed and a new stimulator was placed in May 2010. She recently had an adjustment in her stimulator and does feel that her pain relief is better following the stimulation change. She was placed on several medications, which she was unable to tolerate some of the more traditional medications due to side effects. She is taking Metanx, a B vitamin supplement and Sam 200mg at bedtime and is sleeping better and feels that her pain is somewhat reduced with her current regimen. The provider notes that in reviewing her case, she has never been treated with formal cognitive behavioral therapy, which is seen and very helpful in treating injured workers with CRPS and centrally mediated pain syndromes. The provider is requesting authorization of CBT (cognitive behavioral therapy), 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT (cognitive behavioral therapy), 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions - ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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. As best as can be determined, and it is not entirely clear, the request was made for consultation and cognitive behavioral therapy on June 24, 2015. It appears that the request for consultation and 4 sessions of cognitive behavioral therapy were approved. Utilization review provided for this IMR suggests that 12 sessions were requested for this particular decision under consideration and 4 were approved. This IMR is a request to overturn the utilization review decision and approve all 12 sessions. 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 provided medical records were insufficient and did not establish the medical necessity the request. There is no comprehensive psychological evaluation provided nor is there any information regarding the outcome of the initial 4 sessions that were provided. MTUS guidelines recommend the use of cognitive behavioral therapy for properly identified patients. In this case, there was insufficient documentation of the patient psychological condition to establish the need for psychological treatment. This is not to say that the patient does, or does not need psychological treatment only that the provided documentation was insufficient. The

provided medical records were under 100 pages in total and very few pages of which were clinical documents from treating physicians addressing her mental health needs. The patient was injured in 2004, her prior psychological treatment history, if any has occurred, is needed in order to determine whether or not this request is appropriate. In the absence of any current or prior psychological treatment history information or clinical information that establishes the medical necessity of psychological treatment based on symptomology, the medical necessity of this request could not be established and therefore the utilization review decision is upheld.