

Case Number:	CM15-0142919		
Date Assigned:	08/03/2015	Date of Injury:	04/28/2010
Decision Date:	09/01/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/23/2015

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 64 year old female, who sustained an industrial injury on 4-28-2010. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar spondylosis and major depressive disorder. Treatment to date has included diagnostics, cognitive behavior therapy (at least 10 sessions authorized and completed) and medications. Currently, the injured worker complains of having to taper Tramadol and having to supplement pain management with Ibuprofen and Lidoderm patches, and legs giving out about once weekly. She prevented falling by walking with a cane. She appeared to have a flatter affect and appeared motivated for improved function. She reported sleeping 6 hours per night and will ask her primary care physician for increase in Prozac dosage. She was having difficulty finding urologist accepting worker's compensation. It was documented that as a result of tapering narcotic medications, it was likely that she would have deterioration of her mental health. The treatment plan included cognitive behavior therapy, 6 sessions over 6 months. Psychiatrically, she was documented as unable to carry out usual and customary duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (CBT) 6 sessions over the next 6 months: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ACOEM (2008) Chronic Pain. Occupational Practice Guidelines, 2nd Ed; page 102, 321-322; American Psychological Association (2002). Guidelines on multicultural education, training, research, practice, and organizational change.

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: Citation Summary: 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 cognitive behavioral therapy 6 sessions over the next 6 months; the request was non-certified by utilization, review provided the following rationale for its decision: "10 psychotherapy sessions have been recently provided to date; and there is no indication or documentation of clinically meaningful objective functional improvements. The submission includes only subjective and generic reports; the claimant was already doing modest walking and some exercises one initially evaluated on June 14, 2014 and patient continues to ambulate with a cane. I find no significant progress to rationalize treatment beyond the usual customary 10 sessions for this type of presentation." 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 the provided medical records the patient has received 10 recent psychological cognitive behavioral therapy visits. It is noted that the treatment, as well as medication, there is continued improvement in food plan and weight loss and the patient is having increased ability for movement including walking 10 minutes twice a day but still complains of intermittent irritability and problems with short-term memory and reduced capacity pre-concentration which may be "residual symptoms of her depression" there is also reports of poor sleep not responsive to medication. Overall objective findings are reported as "writter mood, more energy, motivated for treatment compliance improved function." A request was made for additional 6 sessions to be held over the next 6 months. The request appears to be medically reasonable and appropriate as a phase out and termination phase for her psychological care. The official disability guidelines suggest that a typical recommended course of psychological treatment system up to 13 to 20 sessions maximum with evidence of objective improvement. In this case there is sufficient evidence of continued psychiatric the word psychological sequelae as a result of industrial injury as well as objective improvement in the patient's overall psychological condition with treatment. Note: these should be considered treatment termination sessions and thus planned accordingly as it the end of the sessions the patient will have reached the maximum recommended quantity for this treatment modality per industrial guidelines. Because the medical necessity the request is established, the utilization review decision is overturned.