

Case Number:	CM15-0145497		
Date Assigned:	08/06/2015	Date of Injury:	11/17/2010
Decision Date:	09/09/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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 49 year old male who sustained an industrial injury on 11-17-10. He had complaints of low back, bilateral shoulder and knee pain. Progress report dated 3-16-15 reports complaints of chronic pain in his lumbar spine, shoulders and knees bilaterally. The pain is affecting his quality of life. He is still awaiting approval for cognitive behavior therapy. Diagnoses include: lumbar disc displacement without myelopathy, internal derangement of knee, sprain and strains of cruciate ligament of knee, shoulder sprain and strain and lumbosacral radiculopathy. Progress report dated 6-3-15 reports difficulty maintaining positive outlook and patience. He has had no improvement with pain which is greatly impacting levels of anxiety, depressed mood, irritability, struggle with activity of daily living and worry about finance. Diagnosis adjustment disorder. Plan of care: request 4 sessions of cognitive behavior therapy. Work restrictions: reached maximum medical improvement and is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, four sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment Page(s): 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. 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 psychological treatment progress notes were insufficient in demonstrating continued need for psychological treatment. Several requirements were not met. It is not clearly stated anywhere in the progress notes sessions the patient has received to date. This information is needed to determine whether or not the request for 4 additional sessions would conform to the MTUS/ODG guidelines or exceed them. Without knowing how many sessions the patient has received to date could not be determined for additional sessions would be excessive for medically reasonable. Secondly, although a couple of psychological treatment progress notes were provided, there was no indication of meaningful patient benefit from the sessions that he has received. Psychological symptomology was discussed and continues to remain at a clinically significant level; however there is no discussion provided whatsoever regarding patient improvement will benefit from treatment. This is also required her to authorize additional psychological treatment per industrial guidelines. Because of these reasons, the medical necessity of this request was not established. This same patient does not require additional psychological treatment, only the medical necessity of this request is not clearly established by the provided documentation and therefore the request is not medically

necessary.