

Case Number:	CM15-0147578		
Date Assigned:	08/10/2015	Date of Injury:	04/17/2012
Decision Date:	09/10/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/29/2015

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:

This 39 year old man sustained an industrial injury on 4-17-2012 while lifting sheetrock. Diagnoses include major depressive episode. Treatment has included oral medications and surgical intervention. Physician notes from the psychiatrist dated 6-8-2015 show complaints of back pain. Recommendations include cognitive behavior therapy and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT 6-10 sessions body part: psych: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

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. A request was made for cognitive behavioral therapy 6-10 sessions body part: psych. The request was non-certified by utilization review with the following rationale: "there is no current psychological evaluation to provide an explanation for any continuing or exacerbating pain complaints, pain behavior, and dysfunction and therefore provide a basis for intervention. Is not appropriate to provide treatment based on someone else's evaluation. There was a recommendation for one visit to a psychologist as of February 25, 2015 of the provider reports that such as not been done." This IMR will address a request to overturn the decision by utilization review. According to APR-two primary treating physician progress report from January 27, 2015 it is noted that the patient is presenting with poor sleep hygiene and poor mood but no suicidal ideation. According to a treatment progress note from February 8, 2015 the patient's primary physician is noted that there is change in daily functioning due to depression and the results of a patient health questionnaire (PHQ-nine) to the score of major depressive ranges from moderately severe to severe. The results of a Fear Avoidance Behavior Questionnaire showed a very high degree of fear avoidance beliefs shown by the patient. He is diagnosed with adjustment disorder with mixed emotional features and it was noted that although he has symptoms of irritability and this work made he does not fully fulfill the criteria for Major Depressive Episode. There was furthermore noted that he at this juncture does not appear to be a candidate for antidepressant medication (he is taking Gabapentin already) but that he "could talk about his frustrations and therapy to help him with his mood." A psychiatric progress report on May 7, 2015 it was noted there was a need for him to return to psychiatric treatment after being discharged on March 16, 2015 due to anxiety and worry and his wife reporting bad moods at home house with irritability, yelling at his children and subsequent remorse. The overall medical records reflect a patient with delayed recovery who reports significant clinical psychological symptomology and decreased functionality. Psychological treatment is medically appropriate and indicated for this patient at this juncture. The patient does not appear to have exceeded industrial guidelines for session quantity, although prior CBT session quantity could not be determined definitively it appears to be little or none. According to the Official Disability Guidelines, a recommended course of CBT, contingent upon the establishment of medical necessity, up to 13-20 sessions for most patients but additional sessions up to 50 in cases of severe depression with demonstration of objectively measured

functional improvement and patient benefit as a result of treatment. This request for 6-10 sessions, because it is being evaluated at the IMR level, cannot be modified and is mildly problematic as it should not be stated as a range but rather a fixed exact quantity. However rather than denying and delaying treatment due to this reason an exception can be made in this case due to prolonged delay in getting psychological CBT treatment offered to him as well as overall symptom severity. Therefore, the medical necessity the request for 6-10 sessions has been established sufficiently to overturn the utilization reviews decision. After the initial 6 sessions documentation should be submitted showing if patient is benefiting or not from treatment. Therefore, the medical necessity the request is established.