

Case Number:	CM15-0149148		
Date Assigned:	08/12/2015	Date of Injury:	09/18/2012
Decision Date:	09/09/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/31/2015

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 is a 58-year-old female with a September 18, 2012 date of injury. A progress note dated June 26, 2015 documents subjective complaints (impairments of sleep, energy, concentration, memory, emotional control, and stress tolerance), objective findings (noted to be consistent with subjective complaints), and current diagnoses (major depressive disorder, chronic, moderately severe; post-concussion syndrome). Treatments to date have included medications and psychotherapy. The treating physician documented a plan of care that included six 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 behavioral therapy, 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress - Cognitive therapy for depression.

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. Decision: A request is made for six sessions of cognitive behavioral therapy; the request was noncertified by utilization review of the following provided rationale for its decision: "in this case, the patient has been diagnosed with depression. She has already attended an unspecified number of CBT sessions. Report on June 25, 2015 advised that the patient had reached a plateau, and no further improvement was expected." This IMR will address a request to overturn the utilization review decision. According to a primary treating physician follow-up report from August 13, 2015 from the patient's treating therapist, it is noted that "despite the relative severity of her industrial psychiatric injury associated subjective cognitive impairment, and major emotional stress to which she has been exposed as a result of her residual injuries and loss of long-term occupation, thus far this year (the patient) has been provided with only two psychotherapy sessions. She has instead been receiving treatment through the [REDACTED]. The patient has completed that program however and now reasonably requires an additional course of psychotherapy were to support the ongoing adjustments to the unwanted early retirement she's been forced to accept because of her industrial injuries to restore and preserve her MMI level of ADL functioning and to function with minimal adequacy in her home and community." It is further noted that she has been diagnosed with Major Depressive Disorder and subjective cognitive impairment and that up to 20 sessions of psychotherapy per year are recommended in the maintenance phase of psychiatric treatment per the APA practice guidelines. 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 patient appears to have been initially evaluated for psychological treatment on August 20, 2013. It is not clear when she started her psychological treatment nor is it clear how much psychological treatment has been afforded to her at this juncture on an outpatient and individual basis. Despite a 14-page report from August 13, 2015 regarding this matter, there is no clear indication of how much prior treatment she has already received. Therefore, the medical necessity of this request for additional sessions cannot be substantiated in the context of not knowing how much prior therapy has been provided. The treatment records appear to indicate that she has been in psychological treatment for considerable length of time perhaps well over a year now however this could not be determined definitively. The provider reports that the patient has received only two sessions of psychological outpatient treatment this year, excluding the treatment she received at a different program, this does not clarify how much treatment the patient has received overall since her industrial injury occurred. The continuation of psychological symptomatology but also upon the total quantity of sessions and duration of treatment that has been provided as well as evidence of significant patient benefit including objectively measured functional improvements as a direct result of psychological treatment that has been provided. Because these two latter issues were not adequately or sufficiently addressed by the provided documents, medical necessity was not established and therefore the UR decision is upheld. This is not to say that the patient does or does not require additional treatment, only that this request was not supported by the provided documentation.