

Case Number:	CM15-0161280		
Date Assigned:	08/28/2015	Date of Injury:	11/15/2001
Decision Date:	10/13/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/18/2015

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 male who sustained an industrial injury on November 15, 2001 leaving him with chronic low back and leg pain. Diagnoses related to this request include major depressive disorder, likely psychological factors affecting medical condition, and depression and anxiety impacting discomfort. These diagnoses were provided through a psychological evaluation on January 20, 2015. He was deemed temporarily totally disabled from a psychiatric perspective at that time. Documented treatment has included Cymbalta which physician note of May 21, 2015 states has "significantly reduced anxiety and depression." He has been approved for a detoxification program to wean off of opioids, but the treating physician states he should be under psychiatric treatment before beginning the program. The treating physician's plan of care includes 12 sessions of individual weekly sessions of cognitive behavioral therapy, and psychopharmacology consultation for 6 sessions. Both have been denied, but a psychopharmacology consultation has been approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy for 12 individually weekly sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines August 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 was made for cognitive behavioral therapy, 12 individual weekly sessions; the request was modified by utilization review with the following rationale provided: "the patient is with a 13.5 year history of physical injury with associated emotional distress warrants psychological intervention on an industrial basis as per the industrial guidelines. In as much as an industrial criteria for medical (psychiatric) necessity are satisfied with modified to six sessions of the requested cognitive behavioral therapy over six weeks to comply with the treatment guideline recommendations to be medically necessary and appropriate." This IMR will address a request to overturn the utilization review determination and approved 12 sessions rather than allow a modification of six 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 medical necessity of the requested 12 sessions of treatment weekly is not supported by the provided medical records. The patient has been afforded a lengthy and generous quantity of prior psychological treatment over course of many years. The exact quantity of treatment was not reported consideration for this IMR. The request for 12 sessions of weekly of represents three months of treatment. Although continued

psychological care appears to be medically appropriate given the recent medication opiate detoxification program, the need for ongoing assessment of medical necessity and appropriateness should be held at more frequent intervals given the quantity of treatment already provided to the patient. Utilization review modified the request to allow for six sessions. Because the medical necessity the request is not established due to excessive quantity the utilization review decision is medically unnecessary.

Psychopharmacology consultation for 6 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Page 127.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Follow-up.

Decision rationale: Specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities some mental illnesses are chronic conditions, so establishing a good working relationship the patient may facilitate a referral for the return-to-work process. Treating specific psychiatric diagnoses are described in other practice guidelines and texts. It is recognized that primary care physicians and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is also recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist, while common psychiatric conditions, such as mild depression, be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The practitioner should use his or her best professional judgment in determining the type of specialist. Issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist or other mental health professional. Patients with more serious conditions may need a referral to a psychiatrist for medicine therapy. The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. Decision: A request was made for psychopharmacology consult for six sessions; the request was modified by utilization review which provided the following rationale for its decision: "based on the review of the guidelines and records, the medical necessity is supported for the an (sic) initial psychopharmacological consult for a psychiatric evaluation at this time. The request for the six psychiatric follow-up sessions should be resubmitted for review following completion of a psychiatric evaluation and completion of a consultation report with treatment plan by the evaluation psychiatrist as it is medically necessary and appropriate." This IMR will address a

request to overturn the utilization review decision. A request for six sessions of psychiatric follow-up is appropriate and medically necessary. Utilization review authorized a initial consultation and requested the six sessions of follow visits to be delayed pending outcome of the initial evaluation or consultation. While this is typically an appropriate and reasonable decision, in this case given the patient's prior psychiatric history it appears appropriate to facilitate the provision of psychiatric intervention in an expedient manner, and therefore an exception can be made. Based on the provided medical records, the patient remains psychiatrically symptomatic at a clinically significant level that necessitates the ongoing use of psychiatric intervention. Once the patient is stabilized on psychiatric medication routine for a reasonable length of time the treatment should be moved towards decrease frequency of sessions, but this juncture request for six sessions appears to be medically reasonable and therefore the utilization review decision is medically necessary.