

Case Number:	CM15-0162076		
Date Assigned:	08/28/2015	Date of Injury:	12/13/2011
Decision Date:	09/30/2015	UR Denial Date:	07/16/2015
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 50 year old female, who sustained an industrial injury on 12-13-2011. Diagnoses have included major depressive disorder due to chronic pain syndrome and anxiety disorder. Treatment to date has included psychiatric care, cognitive behavioral therapy and medication. According to the psychological report dated 6-29-2015, the injured worker believed her condition was worsening and she was becoming more depressed. Her gait was slow and unsteady. Her affect was flat. She reported severe back and leg pain. She reported that the intense pain often made her feel nauseous and she had a recent increase in the frequency and intensity of headaches. She feared that she would develop paralysis. Authorization was requested for 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 visits, once per wk for 8 wks, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Cognitive Behavioral Therapy Page(s): 101. Decision based on Non- MTUS Citation Official Disability Guidelines: Pain - Cognitive Behavioral Therapy (CBT).

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 was made for cognitive behavioral therapy 6 sessions once a week for 6 weeks, the request was non-certified by utilization review with the following provided rationale for its decision: "There is no documentation of lasting functional benefit from previous treatment. The patient continues to feel helpless and reports becoming more depressed..." This IMR will address a request to overturn the utilization review decision and authorize 6 sessions of cognitive behavioral therapy. 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. Treatment progress notes were found from 4 cognitive behavioral therapy sessions that were held in June 2015. The treatment progress notes reflect the patient experiencing a significant amount of psychological symptomology primarily depression and increased physical limitations and pain. The treatment progress notes were provided did not specifically state how many sessions the patient has received to date. Continued psychological treatment is contingent upon 3 factors that are stated above. While the patient psychological distress and symptomology is well documented there is no information provided about the total quantity of sessions at a party been provided to date and whether or not the request for 6 additional sessions would be consistent with industrial guidelines for this treatment modality.

The Official Disability Guidelines recommend treatment course consisting of 13 to 20 sessions maximum for most patients with the exception made in rare cases of severe Major Depression or PTSD. Because it is not known how the session she has had to date, it could not be determined whether more sessions are consistent with guidelines. It does appear at the very minimum she has been receiving treatment since March 2015 through June 2015. A psychological QME report conducted on July 9, 2015 indicates that the patient reported in November 2014 that she had 6 months of psychological treatment. Taken as a whole, it appears likely the patient has exceeded the maximum recommended industrial guidelines for psychological treatment. She is also actively participating in psychiatric treatment. Psychiatric treatment progress notes do reflect the patient improved mood and decreased depression as a function of antidepressant medication. In addition the treatment progress notes were provided do not reflect significant and lasting patient progress or objectively measured functional indices of improvement (e.g. activities of daily living increased, a reduction in medication or dependency on future medical, reduction in work restrictions if applicable, increased socialization and home exercise etc.). For these reasons, the request is not medically necessary.