

Case Number:	CM15-0162121		
Date Assigned:	08/28/2015	Date of Injury:	03/27/2014
Decision Date:	09/30/2015	UR Denial Date:	08/14/2015
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 53 year old male who sustained an industrial injury on 03-27-14. Initial complaints include neck, lumbar, and bilateral knee injuries. Initial diagnoses are not available. Treatments to date include medications, and cognitive behavioral therapy. Diagnostic studies are not addressed. Current complaints include weight gain, headaches, knee pain, and depression. Current diagnoses include chronic pain syndrome. In a progress note dated 07-08-15 the treating provider reports the plan of care as 3 additional cognitive behavioral therapy sessions. The requested treatments include 3 additional cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 cognitive behavioral therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Biofeedback.

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 3 cognitive behavioral therapy sessions, the request was non-certified by utilization review with the following provided rationale for its decision: "it was noted that the patient did not have progress that the initial 4 sessions of cognitive behavioral therapy. Thus the medical necessity the request is not substantiated." 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 treatment progress notes indicate that the patient fell and hit his head from a height of 7 feet and is suffering from psychological symptomology of depression and anxiety a clinically significant level. Neuropsychological evaluation consultation in February 2015 shows moderate traumatic brain injury with left frontal and left mid temporal hematomas and small mass effect, posttraumatic seizures, and post craniotomy. Patient has started cognitive behavioral therapy and participated in 4 sessions. Although it was noted, that there was not significant progress made in the 1st initial treatment sessions, given the severity of the injury that the patient suffered an additional 3 sessions of cognitive behavioral therapy is reasonable and medically indicated as an exception to the normal requirement. The official disability guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum most patients with an exception being made for patients with very severe nature depressive disorder or PTSD. Both the MTUS and the official disability guidelines recommend an initial brief treatment trial in order to determine if the patient is responding. The MTUS guidelines recommend 3 to 4 sessions for the initial brief treatment trial, whereas the official disability guidelines recommend 4 to 6 sessions

the same trial. In this case the patient has had 4 sessions without significant improvement noted. Providing 3 additional sessions in order to determine whether the patient benefit as derived from treatment slightly exceeds the recommended guidelines but an exception should be made in this case to give a little bit of extra time to determine whether or not cognitive behavioral therapy might be of benefit. For this reason the medical necessity of the request is medically necessary and utilization review decision is overturned.