

Case Number:	CM15-0162361		
Date Assigned:	08/28/2015	Date of Injury:	09/29/1999
Decision Date:	09/30/2015	UR Denial Date:	07/14/2015
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 54 year old female, who sustained an industrial injury on 9-29-99 Initial complaint was of a left foot-left toe injury. The injured worker was diagnosed as having major depressive disorder recurrent. Treatment to date has included psychological therapy and medications. Currently, the PR-2 notes dated 4-23-15 indicated the injured worker was in the office as a follow-up of her depression and anxiety due to her industrial injury. She reported she saw a chiropractor one time and helped her back pain. She reports her back pains are still excruciating that radiates to her legs (sciatic pains). She reports she does not have a pain doctor but is treated with psychotherapy and medications from her treatment are listed as Gabapentin for her restless leg syndrome. Her depression and anxiety are marginal along with her sleep. She reports she would like to start health activities like walking when her moods are better. The provider is requesting authorization of Cognitive behavioral therapy X 12 sessions (once a week for 12 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy X 12 sessions (once a week for 12 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and 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: Citation Summary: 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 12 sessions once a week the request was noncertified by utilization review which provided the following (edited) rationale for its decision: The patient has already received an unknown number of treatments; there is no indication of documentation of clinically meaningful objective functional improvements. Progress is described generically and subjectively only and there is no report of specific improvement of pain behavior...this IMR will address a request to overturn the UR decision. 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. Multiple treatment psychological progress notes were found and reviewed for this request. The patient has been diagnosed with Maj. Depressive Disorder, severe, moderate without psychotic symptoms. The patient appears to be participating in psychological treatment twice a month on average and treatment progress notes were found in January through March 2015. None of the progress notes were provided indicated how much

treatment the patient has received to date. This information is needed in order to determine whether or not the request for additional 12 sessions is consistent with MTUS or official disability guidelines. The official disability guidelines recommend a typical course of psychological cognitive behavioral therapy consistent 13 to 20 sessions maximum for most patients however, additional sessions for patients with severe Major Depressive Disorder or PTSD up to 50 sessions. The patient's date of injury was September 1999. It could not be determined how many sessions the patient has received. Although the patient appears to remain psychologically symptomatic, appears to be benefiting at least somewhat from psychological treatment that has been provided, and that there were several inaccurate statements made utilization review report, the medical necessity of additional treatment cannot be established without knowing the total quantity of sessions at the patient has received. The absence of this information renders this request not medically necessary. Utilization review determination for non-certification is upheld.