

Case Number:	CM15-0169250		
Date Assigned:	09/09/2015	Date of Injury:	04/21/2013
Decision Date:	10/13/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	08/27/2015

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 55 year old female, who sustained an industrial injury on 4-21-13. The injured worker was diagnosed as having headaches, cervical spondylosis, lumbosacral spondylosis without myelopathy, partial tear of rotator cuff, lateral epicondylitis of elbow and depression. Medical records (4-14-15 through 6-25-15) indicated 5-7 out of 10 pain and increased depression. The physical exam dated 7-28-15 from the treating psychologist revealed a score of 50 on the Beck Depression Inventory and a score of 33 on the Beck Anxiety Inventory. The treating physician noted that the injured worker had increased alcohol intake and has feelings of hopelessness and worthlessness. Treatment to date has included acupuncture, chiropractic treatments, vestibular auto-rotational test with positive results and Tylenol #3. As of the PR2 dated 7-23-15, the injured worker reports pain in her neck, low back, shoulders and depression symptoms. The treating physician noted that the injured worker has had pain psychology sessions in the past and would benefit from more. The injured worker has developed depression that interferes with her activities of daily living and or work as a result this has caused "fear of avoidance beliefs". The treating physician requested cognitive behavioral therapy x 6 sessions. On 7-24-15 the treating physician requested a Utilization Review for cognitive behavioral therapy x 6 sessions. The Utilization Review dated 8-8-15, non-certified the request for cognitive behavioral therapy x 6 sessions.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. 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: 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, 6 sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "In this case the psychology evaluation is not provided for review. Therefore, the request for cognitive behavioral 6 sessions is neither medically necessary or appropriate." This IMR will address a request to overturn the utilization review decision. According to a supplemental report on pain management progress PR-2 August 25, 2015 written in response to the denial of the psychological care being requested here. It is reported that the patient has significant and continuing symptoms of severe major depression as a consequence of falling off a ladder in sustaining injury to her body. Specific treatment being requested is listed as both biofeedback and place and cognitive behavioral therapy another and it appears that cognitive behavioral therapy is being requested rather than biofeedback treatment. A conference of psychological evaluation was found in the medical records that were provided for this review of the date of July 9, 2015. It appears this is the 2nd evaluation that she has received (With the 1st being conducted April 29, 2014) and that it is noted that she has received psychological treatment including stress reduction biofeedback with cognitive emotional restructuring which has resulted in improvements in the patient's symptomology including reductions and depression, agitation, pessimism and alienation. There is further symptoms reduction in anxiety levels and sleep disturbance. Other improvements are also noted. It is further noted that additional treatment is required although progress is expected to be occurring at a slower rate over a more prolonged period of time and that she would be considered permanent and stationary status. The medical

records taken as a whole reflect the patient has been receiving psychological treatment. However the total duration of the psychological treatment and quantity of sessions provided was not clearly indicated in the medical records received for consideration for this IMR. 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 records do reflect that the patient has benefited from prior psychological treatment, with significant improvements from a psychological perspective. The medical records provided also reflect that the patient has continued psychological treatment at a clinically significant level. However, because the medical records that were provided do not clearly state how much treatment the patient has received and because the quantity of treatment provided could not be reasonably estimated from the provided medical records, it was not possible to determine whether or not the request for additional sessions would exceed treatment guidelines. It does appear that she began psychological treatment sometime after April 2014 which suggests that she may have received a years' worth of psychological treatment by this juncture however that could not be determined definitively. Because the preponderance of information does not support the medical necessity of further psychological treatment on the basis of unknown quantity but possibly excessive quantity per industrial guidelines, the medical necessity the request is not established and utilization review determination is upheld on that basis. This is not to say that the patient does not require additional psychological treatment only that the issue of treatment quantity and duration has not been clarified adequately for this review to overturn the utilization reviews decision.