

Case Number:	CM15-0187447		
Date Assigned:	09/29/2015	Date of Injury:	08/28/2012
Decision Date:	11/12/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/23/2015

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 35-year-old male, with a reported date of injury of 08-28-2012. The diagnoses include moderate somatic symptoms disorder with predominant pain, insomnia related to chronic pain, depression, and anxiety, depressive disorder, anxiety disorder, chronic pain and nerve damage, mid-back pain, and neck pain. Treatments and evaluation to date have included Trazodone, group cognitive psychotherapy for depression and anxiety, physical therapy, epidural steroid injection, and acupuncture. The diagnostic studies to date have included x-ray of the lumbar spine on 02-23-2015 which showed mild unstable subluxation at L5-S1, mild degenerative disease at L4-5 and L5-S1, and very slight levoscoliosis of the lumbar spine. The medical report dated 07-09-2015 indicates that the injured worker reported better sleep and denied extensive depressed mood, but admitted to frequent (2-3 times a day) panic attacks when he felt scared that he was going to die. The attacks lasted about 30 minutes. He continued to have poor concentration, attention and memory, disturbance of appetite, poor self-esteem, worthlessness, guilt feelings, low energy and fatigue, irritability and anger, hopelessness and helplessness, anxiety, and decreased libido. The injured worker denied suicidal ideation, and side effects from his medication. It was noted that the injured worker continued with group psychoeducation and found it helpful. The objective findings include a cooperative demeanor; a slightly anxious mood; a logical thought process; alert and oriented; forgetful; fair attention and concentration; fair judgment; and fair insight. The treatment plan included the continuation of group cognitive behavioral psychotherapy for anxiety. The injured worker's work status was referred to the primary treating physician. The medical records include five group

psychotherapy reports from 06-25-2015 to 08-27-2015. The group psychotherapy progress note dated 08-27- 2015 indicates that the current session was session number four, and that the injured worker benefited from group therapy and should continue to attend. The treating physician requested group cognitive behavioral psychotherapy weekly for six weeks. On 09-09-2015, Utilization Review (UR) modified the request for group cognitive behavioral psychotherapy weekly for six weeks to group cognitive behavioral psychotherapy weekly for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Group Cognitive Behavioral Psychotherapy weekly x6: 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, Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, see also Topic Group therapy, 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) recommends a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. Regarding using Group therapy vs individual treatment the ODG states group therapy should be provided in a supportive environment in which a patient with Post Traumatic Stress Disorder (PTSD) may participate in therapy with other PTSD patients. Welcome treatment should be considered for patients with

PTSD, current findings do not favor any particular & of group therapy over other types. See also PTSD psychotherapy interventions. A request was made for six sessions of group therapy, the request was modified by utilization review to allow for four sessions, no specific rationale was provided by utilization review for the reason why the request was modified. This IMR will address a request to overturn the utilization review decision and authorize 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. According to a psychiatric treatment progress note from July 9, 2015, the patient continues to experience significant symptoms of Major depressive disorder and anxiety and started participating in group treatments which he reported is finding helpful. He was diagnosed with Unspecified Depressive Disorder and Unspecified Anxiety Disorder and Insomnia Related to Chronic Pain, Depression and Anxiety, and Somatic Symptoms Disorder with Predominant Pain, Moderate. The patient reports significant episodes of panic attack. A group psychotherapy treatment progress note from August 27, 2015 was found. The treatment progress note was listed as session number four of cognitive behavioral therapy. However, the total quantity of treatment sessions was not listed this appears to be a number relative to the current authorization rather than an accurate reflection of how many sessions of cognitive behavioral therapy he has received. Two hundred twenty-eight pages of medical records were submitted for consideration for this IMR. All the provided medical records were carefully considered. It could not be determined how much treatment the patient has received to date, nor could be determined when this course of psychological treatment began. This information is essential in order to determine whether additional sessions are medically necessary. The MTUS guidelines recommend a course of psychological treatment consisting of 6 to 10 sessions whereas the Official Disability Guidelines recommend a course of treatment consisting of 13 to 20 sessions maximum with an exception being made for cases of very severe Major Depressive Disorder or PTSD. In the absence of specific information regarding how much prior psychological treatment has been received as well as detailed information regarding objectively measured functional improvements that have been derived from treatment the medical necessity of the request could not be established. Utilization review modified the treatment request to allow for four sessions, this should give the requesting therapist opportunity to provide needed information. Decision is not to say that the patient does, or does not need further psychological treatment, only that the medical necessity was not established due to insufficient information regarding prior psychological treatment quantity and outcome. Therefore the medical necessity is not necessary and utilization review decision is upheld.