

Case Number:	CM15-0187679		
Date Assigned:	09/24/2015	Date of Injury:	09/22/2000
Decision Date:	09/25/2015	UR Denial Date:	09/22/2015
Priority:	Expedited	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:

This patient is a 39-year-old male who reported an industrial related injury that occurred on September 22, 2000. The mechanism of injury was not reported in the provided medical records. A partial list of his medical diagnoses include Arthrodesis Status, Postsurgical Status Not Elsewhere Classified. He reports physical symptoms of mid and low back pain with numbness and tingling in his bilateral lower extremities worse on the right side. There are multiple well-healed surgical scars over the thoracic and lumbar areas as well as the right hip and longitudinal scars around the chest. This review is focused on the patient's psyche symptoms and treatment as they relate to the requested treatment. The patient has been diagnosed with Post-Traumatic Stress Disorder, and Major Depressive Disorder, with suicidal ideation. Psychiatric medications include: Remeron 30 mg one tablet HS, Topamax 100 mg one tablet HS, and Elavil 50 mg one tablet HS; the patient is under the care of a Psychiatrist for these medications and 6 sessions of psychopharmacology management that were authorized at the time of this requested treatment. A UR Review appeal report from July 21, 2015 indicated that the patient is in need of ongoing in-home skilled nursing care 24 hours 7 days a week to observe monitor and detect behavioral patterns and encourage him to perform activities of daily living and go on with his life, as well as administer medications as instructed by his physicians to prevent overdosing and other dosing. Skilled home nursing care assistance has been requested to provide intervention and help with potential violent or suicidal patterns and create a safe environment. He is noted to have persistent widespread pain and weakness and limitation and all activities of daily living. He is noted to require transportation assistance to medical appointments and that the patient has required several hospitalizations due to suicide attempts which are blasted over 5 days of inpatient care. The requested treatment under consideration is for 48 cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

48 CBT sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT), Psychotherapy guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment Page(s): 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 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) 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. 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 necessity of the requested procedure was not established by the documentation submitted for this review. The request exceeds guidelines for treatment session quantity. As noted in a utilization review supplemental report from July 3, 2015 the patient completed 35 individual psychotherapy sessions since April 15, 2015. It was also reported in the utilization review statement of rationale for its decision that the patient has received at least 60 sessions to date. As of the date of this request the patient has received a quantity of psychotherapy sessions that exceeds the maximum amount of treatment recommended on an industrial basis by the Official Disability Guidelines (ODG). The ODG recommends a typical

course of psychological treatment would consist of 13 to 20 sessions with evidence of objectively measured functional improvement. An exception can be made in cases of the most severe Major Depressive Disorder or PTSD that would allow up to 50 sessions maximum. The total quantity of sessions at the patient has received on an industrial basis for this injury since starting treatment is not known, was not adequately reported, and could not be estimated other than the statement that he has received at least 60 sessions. Although the patient does meet the criteria of medical necessity based on having continued psychological symptomology at a clinically significant level, the evidence for substantial patient improvement and objectively measured functional improvements as a direct result of treatment is marginal -based on the limited documentation provided. There were very few documents related to the patient's treatment relative to the number of sessions he has received. There were very few documents regarding his psychological treatment in terms of treatment plans and prior treatment goals reached as well as no objective assessment measure of change. The most recent clinical documentation summary of his treatment progress from July 3, 2015 does indicate short walks and improved activities of daily living but very high levels of anxiety at the end of the day, and that is has become less attentive in therapy, noted improvement appears to be largely attributed to receiving home healthcare which decreased suicidal ideation. No current suicidal plan or intention is reported but some continued passive suicide ideation was. No objective measures of patient progress were provided. It is not clear when he started psychological treatment as no copy of the initial evaluation was provided. The request for 48 sessions in and of itself, regardless of prior treatment is excessive and represents the maximum amount of treatment reserved for the most severe cases of psychological symptomology. Therapists should be monitoring patient progress during the course of treatment and such a large request for many months of therapy would not allow that. Because this request exceeds industrial guidelines for psychological treatment, the medical necessity the request is not established on that basis and therefore the utilization review determination for non-certification is upheld.