

Case Number:	CM15-0203716		
Date Assigned:	10/20/2015	Date of Injury:	08/03/2002
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/16/2015

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 with an industrial injury date of 08-03-2002. Medical record review indicates she is being treated for adjustment disorder with anxiety and depressed mood. The treatment note dated 09-22-2015 is documented by the provider as representing a summary of therapy sessions on 07-25-2015, 07-31-2015, 08-14-2015, 08-27-2015, and 09-21-2015. Subjective complaints are documented as pain in left ankle when walking, very forgetful and difficult to focus. Prior medications (09-11-2015) included Zohydro ER, Prilosec, Neurontin, Prozac, Lunesta and Treximet. Prior treatment included cognitive behavioral therapy sessions and medications. Objective findings (09-22-2015 treatment note) are documented as: "Patient struggles with depression and anxiety secondary to physical pain and a physical functioning loss." "Also a lack of money is a significant stressor. Sleep interrupted by pain." Other objective findings included fatigue, forgetful and impaired concentration abilities. The treating physician documented the injured worker had utilized 23 of the 24 authorized sessions of cognitive behavioral psychotherapy on a biweekly (every other week) basis. The treating physician also noted the injured worker had progressed from living with her daughter for physical care to moving back to her own house to caring for her five year old grandson in her home while her daughter works. She also volunteered for her grandson's soccer league board and walks with him daily, "though she can do no more than a block each way." On 09-30-2015 the request for 6 cognitive behavioral therapy sessions was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Behavioral interventions (CBT) (2015).

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: 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. A request was made for six additional cognitive behavioral therapy sessions, the request was non-certified by utilization review which provided the following rationale for its decision: "upon review of the submitted records, it does not appear additional cognitive behavioral therapy is medically indicated. The patient has completed 23 sessions to date and guidelines generally recommend up to 13 to 20 visits. The patient most recently completed five visits between July 25, 2000 15th and September 21, 2015; however, there is a lack of measurable improvement in symptoms the can be attributed to the sessions. The patient continues with symptoms of depression and anxiety. In the absence of substantial clinical improvement, exceeding the number of cognitive behavioral therapy sessions recommended by guidelines is not appropriate." This IMR will address a request to overturn the utilization review 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. All the provided medical records were carefully considered for this review, the patient has exceeded the recommended maximum quantity of sessions per industrial guidelines. The official disability guidelines recommend a maximum of 13 to 20 sessions contingent upon the establishment of patient benefit from treatment. The patient has reportedly received 23 sessions and these additional six sessions would bring the total to 29. The medical records indicate that the patient was injured On August 3, 2002 while in the capacity of her employment as a motorcycle funeral escort she was involved in an accident and severely broken leg, "Severed my left ankle in the accident it was hanging but the doctor so that back" fractured ribs and a concussion...According to a PR-2 progress report the patient is diagnosed with Adjustment Disorder with anxiety and depressed mood. Although an exception with regards to treatment quantity can be made in cases of where there is a diagnosis of Major Depressive Disorder, severe intensity or PTSD severe intensity the patient does not have either of these diagnoses based on the most current evaluation found in the medical records. Because the patient has received the maximum recommended quantity of treatment sessions for her current diagnosis on an industrial basis per the industrial guidelines, and there does not appear to be any clear statement of why the guidelines would not apply to this patient, and because there is no information about prior courses of psychological treatment since the date of her injury, the request is not medically necessary and was not established and utilization review decision is upheld.