

Case Number:	CM15-0204098		
Date Assigned:	10/20/2015	Date of Injury:	12/03/2014
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
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 53 year old male, who sustained an industrial injury on 12-03-2014. A review of the medical records indicates that the worker is undergoing treatment for cervical radiculitis, lumbosacral or thoracic neuritis or radiculitis, anxiety and stress, post-traumatic stress disorder and chronic pain syndrome. Subjective complaints (08-14-2015) included head, neck and back pain that was rated as 9 out of 10 with increased frequency of "ants" on his right arm. Subjective complaints (09-11-2015) included numbness of the head, blurry vision and head and neck and back pain that was rated as 9 out of 10. The physician noted that Cymbalta would be prescribed for depression and neuropathic pain. Subjective complaints (09-22-2015) included difficulty sleeping, pain level of 9 out of 10, loss of appetite and feeling down. Objective findings (08-14-2015, 09-11-2015 and 09-22-2015) included an antalgic gait, global weakness of the right upper and lower extremity, decreased sensation to light touch in C5-C8 and L3-S1 on the right. The physician noted during the 09-22-2015 office visit that a depression screen revealed the presence of severe depression and that a request for 4-6 visits of cognitive behavioral therapy and Lexapro was being submitted. Treatment has included Gabapentin, Naproxen, Flexeril, Lidocaine patch, Norco, Cymbalta and transcutaneous electrical nerve stimulator (TENS) unit. A utilization review dated 09-29-2015 non-certified a request for cognitive behavioral therapy (CBT) x 4-6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (CBT) x 4-6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, 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) recommend 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 cognitive behavioral therapy (CBT) x 4-6; the request was non-certified by utilization review which provided the following rationale for its decision: "the documentation provided includes market discrepancies between the claimants reported normal presentation and his extreme symptom reporting. Additional standardized assessment is needed to document the clinical medical necessity of the requested treatment." This IMR will address a request to overturn the utilization review determination of non-certification and approved 4 to 6 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. Decision: According to the provided medical records, the request for authorization May 14, 2015 indicates psychological diagnosis of "Post-Traumatic Stress Disorder and Anxiety Stress-Related" with a request for neuropsychological

testing. According to a primary treating physician progress report PR-2, September 22, 2015, the patient presented for a depression screen, and "had difficulty sleeping lately with loss of appetite and has been feeling down. Denies thoughts of self-harm." Under objective findings it is noted that the patient has "normal affect" It is further noted that the results of the depression screen were listed as: "Major Depression, severe request CBT times 4 to 6 sessions." Patient states he saw psychiatrist/psychologist [REDACTED] last week eventually for consultation only but has no further appointments and [REDACTED] did not prescribe medication. A copy of the depression screen was provided with the date of September 22, 2015 and was reviewed for this IMR There was a denial of suicidal thoughts. A copy of the patients PHQ-9 September 22, 2015 was provided and considered for this IMR. The medical necessity for the request for 4 to 6 sessions of cognitive behavioral therapy is not supported by the provided documentation. The MTUS guidelines for cognitive behavioral therapy recommend an initial brief treatment trial of 3 to 4 sessions for patients who have been properly identified. Requests for psychological treatment at the IMR level should contain a specific quantity of sessions rather than a range, in this case because a range was provided of 4 to 6 sessions it is assumed that the request would be for six sessions. The request for six sessions is excessive and not consistent with MTUS guidelines for 3 to 4 sessions, and although the official disability guidelines do allow for an initial brief treatment trial consisting of 4 to 6 sessions the medical necessity of the extended initial trial (use of the ODG over the MTUS) was not discussed or established as needed, nor does not appear to be appropriate in this case for an initial treatment trial. A psychological evaluation was not found in the provided medical records. The two self administered paper and pencil tests in this case are insufficient to establish this patient as needing psychological treatment. For this reason the medical necessity is not established and utilization review decision is upheld. The request is not medically necessary.