

Case Number:	CM15-0207055		
Date Assigned:	10/23/2015	Date of Injury:	07/10/2013
Decision Date:	12/10/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/21/2015

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 injured worker is a 58 year old male who reported an industrial injury on 7-10-2013. His diagnoses, and or impressions, were noted to include: multiple orthopedic and osteoarthritis sites; stress-related anxiety; and moderately-severe major depression. No imaging studies were noted. His treatments were noted to include: right shoulder surgery (8-7-13); psychological evaluation and treatment; cognitive behavioral therapy for post-treatment pain; paraffin bath to bilateral hands; TENS unit therapy; medication management; and rest from work as it was noted he had been unable to work (since 1-29-2013). The progress notes of 8-17-2015 noted that she presented to take a depression screen. The progress notes 10-2-2015 reported: continued right thumb pain that worsened with activities involving the right hand; improving left thumb pain; unchanged bilateral hand numbness; and frequent episodes of anxiety with recommendation for medication. The objective findings were noted to include: general "NAD"; a normal affect; Psyche "NAD"; appropriate mentation, affect and grooming; and an unchanged musculoskeletal examination. The physician's requests for treatment were noted to include a prescription for Ativan for anxiety, and continued cognitive behavioral therapy, x 4-6. The Request for Authorization, dated 10-2-2015, was not noted to include cognitive behavioral therapy. The Utilization Review of 10-8-2015 non-certified the request for cognitive behavioral therapy, 4-6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy times 4-6 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavioral therapy.

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) 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. Decision: A request was made for 4 to 6 sessions of cognitive behavioral therapy; the request was non-certified by utilization review which provided the following rationale for its decision: Guidelines for chronic pain indicate that the initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. This is not documented in the records, so cognitive therapy guidelines would not be met at this time. Therefore, the request for cognitive behavioral therapy for 4 to 6 visits is not medically necessary or appropriate. This IMR will address a request to overturn the utilization review decision. According to the provided medical records the patient has been screened for psychological issues and reports according to August 18, 2015 medical record mood swings, by his primary care physician, and reported feelings of anxiety, changes in daily function at home or work and feelings of nervousness also mentioned are changes in sexual function. The patient health questionnaire PHQ-9 was also administered but not legible in the provided medical records. The patient had a comprehensive psychological evaluation on August 23, 2015 from a licensed

clinical psychologist. He was diagnosed with: Major Depressive Disorder, single episode, mild and Adjustment disorder with anxiety. The patient has been properly identified as someone who may benefit from psychological intervention. The official disability guidelines (ODG) as well as the MTUS guidelines both recommend the use of psychological, specifically cognitive behavioral therapy, for the treatment of chronic pain related psychological symptomology. In this case the patient does not appear to have received any treatment to date according to the provided medical records. This request for 4 to 6 sessions as an initial treatment trial is consistent with the ODG guidelines which recommend 4 to 6 sessions be utilized in order to determine patient benefit from treatment. With the possibility of additional sessions contingent upon the establishment of medical necessity with documentation of patient improvement from the initial treatment session including functional changes subsequent to the completion of the initial treatment trial. Utilization review denied the request based on a lack of documentation of completion of physical medicine for exercise instruction, however in this case this would not be necessary in order to start psychological intervention to treat the patient psychological symptomology and diagnosis. Therefore the medical necessity and reasonableness of the request is established and utilization review decision is overturned. Therefore the request is medically necessary.