

Case Number:	CM15-0207381		
Date Assigned:	10/26/2015	Date of Injury:	10/13/2011
Decision Date:	12/10/2015	UR Denial Date:	09/18/2015
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:

The injured worker is a 45 year old female, who sustained an industrial injury on 10-13-11. The injured worker was diagnosed as having depressive disorder. Subjective findings (7-16-15, 8-6-15) indicated mood continues to improve and improvement in sleep. The injured worker reports less depression and better appetite. Objective findings (7-16-15, 8-6-15) revealed a logical and goal directed thought process, no suicidal ideations and alert and oriented. As of the PR2 dated 9-11-15, the injured worker reports feeling slightly better. She indicated that she is able to "sleep without pills" and feels less depressed. Objective findings include a logical and goal directed thought process, no suicidal ideations and alert and oriented. Treatment to date has included group psychotherapy x 6 sessions, Norco and Effexor XR. The Utilization Review dated 9-18-15, non-certified the request for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

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: 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. Decision: a request was made for "Cognitive behavioral therapy"; the request was non-certified by utilization review which provided the following rationale for its decision: "IW has had 12 prior sessions. No documented re-injury. Based on the diagnosis and considering IW already very much improved and on stable anti-depressant does, and considering the lack of nuclear goals for additional group CBT sessions, according to the MTUS treatment guidelines a request is not medically necessary." 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. The medical necessity of this request is not established by the provided documentation. The request is nonspecific with regards to the quantity of sessions being requested of cognitive behavioral therapy. Requests for psychological treatment at the IMR level that are nonspecific for quantity are considered the equivalent of open-ended and unlimited treatment for which medical necessity would not be established. Because the quantity of sessions requested is not clearly specified, and unlimited sessions are not consistent with industrial treatment guidelines, the utilization review decision is upheld. This determination is not to say that the patient does, or does not, require additional psychological treatment; only that the medical necessity of this request as submitted was is not necessary.