

Case Number:	CM15-0208831		
Date Assigned:	10/27/2015	Date of Injury:	08/21/2013
Decision Date:	12/11/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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:

The injured worker is a 26 year old male, who sustained an industrial injury on 8-21-2013. The injured worker is undergoing treatment for: pain disorder with related psychological factors, left wrist strain and right knee pain. On 2-5-15, he is seen for psychological evaluation. It is noted that his treating physician indicated use of narcotic medications were adding to his depression. Mental status examination revealed his mood was depressed and anxious, affect was appropriate to content, no lability or constriction, long term memory within normal limits, judgment present. He was diagnosed with major depressive disorder, generalized anxiety disorder, post-traumatic stress disorder, and pain disorder. On 10-7-15, he reported continued left wrist and hand pain he felt was not getting better. Physical examination revealed tenderness in the wrist, decreased range of motion, weakened grasping. The treatment and diagnostic testing to date has included: medications, multiple sessions of physical therapy, at least 10 completed cognitive behavioral therapy sessions. Medications have included: acetaminophen-hydrocodone, naproxen, abilify, Zyprexa. Current work status: modified. The request for authorization is for: 10 sessions of cognitive behavioral therapy over the next 10 months. The UR dated 10-9-2015: non-certified the request for 10 sessions of cognitive behavioral therapy over the next 10 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten sessions of CBT counseling over the next 10 months: Overturned

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

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) recommended 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 10 sessions of CBT counseling over the next 10 months, the request was non-certified by UR which provided the following rationale for its decision: "Within the medical information available for review, there is documentation of 10 psychotherapy sessions completed to date, which is the limit recommended by psychotherapy guidelines. In addition, there is no documentation of objective functional improvement with previous psychotherapy. Therefore the certification of the requested 10 sessions of CBT counseling over the next 10 months is not recommended." This IMR will address a request to overturn the utilization review determination. 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. According to a utilization appeal request from October 22, 2015 requesting physician, the patient's psychologist, mentions that the patient is making progress in his treatment and has been able to become independent of crutches, single point cane, and knee brace. This also noted that he has had three surgical repairs to the right

knee with continued signs of impingement and expected further surgery. There is a notation that is antidepressant medication has been intermittently authorized. According to the utilization review determination rationale the patient has received 10 prior cognitive behavioral therapy sessions to date. Although the MTUS guidelines suggest a course of psychological treatment consisting of 6 to 10 sessions maximum, the Official Disability Guidelines (ODG) does allow for a more extended course of psychological treatment in the case of medical necessity been established up to 13 to 20 sessions maximum for most patients, and up to 50 with patients with severe Major Depressive Disorder or PTSD. The provided medical records contained several insufficiencies, including a lack of detailed progress reports from individual treatment sessions or an update on the initial treatment plan to indicate what goals and been met. However taken as a whole the request for 10 additional sessions to be held one time per month appears to be reasonable and consistent with MTUS guidelines. Typically a 10 month course of psychological treatment would not be medically necessary, because the length of time is too long without further review for medical necessity. But because the frequency is only held one time per month and the patient appears to have experienced some delays in treatment, and because the request is still consistent with the ODG guidelines for psychological treatment, an exception would be a reasonable accommodation. Therefore the request is medically necessary and has been established and the utilization review decision is overturned.