

Case Number:	CM15-0209439		
Date Assigned:	10/28/2015	Date of Injury:	06/08/2011
Decision Date:	12/14/2015	UR Denial Date:	10/08/2015
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 55 year old male, who sustained an industrial injury on 6-8-2011. The injured worker is undergoing treatment for major depressive disorder, pain disorder associated with both general medical condition and psychological factors, chronic pain syndrome, pain in joint of shoulder, rotator cuff syndrome and shoulder region disorders not elsewhere classified. Medical records dated 9-28-2015 indicate the injured worker complains of left shoulder pain rated 3 out of 10 and aching and dull. He reports pain has increased since last visit. The treating physician indicates the injured worker is not working. Functional restoration program discharge note indicates the injured worker successfully completed the 5 week program noting, "By the end of the 5th week, patient appeared using independent pain management techniques to control pain." "Thought formation was logical and well organized, with no evidence of any cognitive deficits." Physical exam dated 9-28-2015 notes decreased cervical and bilateral shoulder range of motion (ROM), shoulder tenderness to palpation and decreased sensation over the left medial forearm. Treatment to date has included surgery, acupuncture, functional restoration program, topical and oral medication. The original utilization review dated 10-8-2015 indicates the request for cognitive behavioral therapy (CBT) X6 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 6: Upheld

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 (ODG) Cognitive Behavioral Therapy (CBT).

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) 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 six sessions of cognitive behavioral therapy, request was noncertified by utilization review which provided the following rationale for its decision: "in this case there's no documentation of any mental health issue and there's no documentation of the patient's functional improvement from prior cognitive therapy. Therefore, the guidelines criteria have not been satisfied, the requested cognitive behavioral therapy six sessions are 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 the request for six additional psychological cognitive behavioral therapy sessions is not substantiated by the provided documentation. Although over 300 pages of medical records were provided, these records did not include specific psychological treatment progress notes from prior outpatient individual cognitive

behavioral therapy sessions. Functional restoration program treatment notes were found as well as extensive physical medicine treatment records. There were two utilization review reports indicating prior psychological treatment that was provided and included at least in a very minimum one block of six sessions and apparently a second block of eight sessions. However there are also indications of psychological treatment being provided but as far back as 2014 and it remains unknown whether the patient received additional psychological treatment between the time of his industrial injury in 2008 and 2014. The MTUS treatment guidelines recommend psychological treatment to consist of 6 to 10 sessions maximum whereas the ODG guidelines recommend 13 to 20 visits for most patients, although additional sessions can be offered in cases of very severe Major Depressive Disorder or PTSD with documentation of medical necessity. Without a detailed description of the patient's prior psychological and cognitive behavioral therapy that has been provided including information regarding treatment quantity as well as outcome in terms of patient benefit and functional improvements objectively measured, the request for additional psychological treatment on an outpatient individual basis is not substantiated. This decision is not to say that the patient does, or does not need psychological treatment on an industrial basis only that this particular request was not substantiated due to insufficient documentation regarding the patient's prior psychological treatment. For this reason the medical necessity is not established and utilization review decision is not medically necessary.