

Case Number:	CM15-0020724		
Date Assigned:	02/10/2015	Date of Injury:	02/25/2013
Decision Date:	03/25/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/04/2015

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 42 year old male, who sustained an industrial injury on 2/25/2013. The diagnoses have included pain disorder, depression, and anxiety disorder. Treatment to date has included surgical intervention and conservative treatment. Currently, the injured worker complains of continued back and knee pain. He reported his level of depression and anxiety at a level of 3-4 most days. It was noted that he reported continued depression because of his inability to return to work. He was open to new techniques for pain management, including nutritional approaches and biofeedback-assisted relaxation. He indicated his desire to lessen his dependence on medication to avoid the side effects. Current medications were not noted. He completed 4 approved treatment sessions and showed a decrease in depression and anxiety. On 2/03/2015, Utilization Review modified a request for continued cognitive behavioral therapy/biofeedback sessions (depression, anxiety, pain disorder) 1x8, to cognitive behavioral therapy/biofeedback sessions (depression, anxiety, pain disorder) 1x6. The MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued cognitive behavioral therapy/biofeedback sessions (depression, anxiety, pain disorder) once a week for eight weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. See al. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, and February 2015 update

Decision rationale: Citation: 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 recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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) allow a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: A request was made for 8 sessions of cognitive behavioral therapy/biofeedback treatment, the request was modified to allow for 6 sessions by utilization review with the 2 remaining sessions non-certified. The utilization review rationale for its determination was stated as: "In this case, the provider notes marked improvement in depression and anxiety for treatment sessions. Given this, and with continued symptoms as well as a goal to decrease medication dependence, in additional treatment is appropriate." No specific rationale was stated as the reason for the modification of the request, however utilization review uses the citation from the MTUS of 6-10 visits over a 5 to 6 week period total. This IMR will address a request to overturn the modification and allow for 8 visits. In this case, the treatment is being provided one time per month. This level of frequency would suggest that the request for 8 sessions would last for a period of time of 8 months. The utilization review allowed for 6 sessions would be the equivalent of 6 months. Due to the need for ongoing assessment of medical necessity a treatment time consisting of 6 months would be more appropriate to determine whether the patient is still making progress after that period of time or not. The patient may be eligible for more extended course of treatment based on the official disability guidelines recommendation 13-20 sessions maximum for most patients over the more restrictive MTUS guidelines contingent on his symptomology severity and treatment progress a reassessment of his medical needs after 6 months is appropriate therefore because the medical necessity for this request is not established, the utilization review determination is upheld.