

Case Number:	CM15-0213040		
Date Assigned:	11/02/2015	Date of Injury:	04/15/2011
Decision Date:	12/15/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/29/2015

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 04-15-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for bilateral sacroiliac joint (SI) radiculitis, lumbar degenerative disc disease, lumbar disc herniation, chronic pain syndrome, thoracic pain, lumbar pain, and depression. Medical records (07-17-2015 to 09-14-2015) indicate ongoing chronic low back pain with depression and anxiety. Pain levels were rated 9 out of 10 in severity on a visual analog scale (VAS) without medications and 6 out of 10 with medications. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The PR, dated 09-14-2015, indicated that a depression screening was complete and showed moderately severe depression with no current suicidal ideations. A psychiatric note, dated 09-14- 2015, also reported that the IW denied being depressed most of the time, stays in his room, denied irritability, inability to enjoy things much, and occasional feelings of hopelessness. Relevant treatments have included: psychiatric and psychological treatments, work restrictions, and pain medications. The request for authorization (10-12-2015) shows that the following treatment was requested: 6 sessions of cognitive behavioral therapy. The original utilization review (10-21-2015) non-certified the request for 6 sessions of 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 x 6 sessions: Upheld

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: 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) 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. A request was made for six sessions of cognitive behavioral therapy, the request was not on certified by utilization review. Utilization review provided the following rationale for its decision: "a peer to peer call placed, unable to reach provider. Not clear from documentation whether there was distinction between services to the current therapy versus what was targeted by cognitive behavioral therapy being requested." 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. According to a Supplemental Report by [REDACTED] it is noted that: "(the patient) can be considered to have become temporarily partially disabled in July 2012 when he began his psychological treatment with [REDACTED] He thereafter he been temporarily partially disabled through his treatment with [REDACTED] until he was evaluated by

████████████████████ at which time (the patient) became temporarily totally disabled."There are several treatment progress notes from the patient's primary treating physician noting that psychiatric treatment is needed. There is also this current request for cognitive behavioral therapy which is being requested by the primary physician to "help with depression."Decision: in this case the requested six sessions of psychological treatment, cognitive behavioral therapy, may be appropriate and indicated for this patient's this time. However because there are treatment progress notes clearly stating the patient has been receiving psychological treatment, and because there is a near-complete lack of information regarding this prior course of psychological treatment, this request was not found to be medically necessary due to insufficient documentation of prior psychological treatment quantity and outcome. The industrial guidelines do recommend psychological treatment, however there is no initial psychological intake report with regards to this patient. In the absence of sufficient medical documentation of necessity based on prior psychological treatment history the medical necessity of the current request is not established and utilization review decision for non-certification is upheld. This is not to say that the patient does not need psychological treatment on an industrial basis, only that the request was not supported due to insufficient supporting documentation. Therefore, the requested treatment is not medically necessary.