

Case Number:	CM15-0218046		
Date Assigned:	11/09/2015	Date of Injury:	04/15/2015
Decision Date:	12/21/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/05/2015

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 female who sustained an industrial injury on 4-15-2015 and has been treated for knee disorders and Depressive Disorder. Date of birth was not provided in the medical record. On 10-6-2015, the injured worker received a psychological evaluation where she reported "a great deal of stress," and dread related to returning to a hostile work environment. She has not been treated with medication and the psychologist states she "does not need, or want" medication at this time. The treating psychologist's plan of care includes a "brief" course of 6 weekly sessions of individual cognitive behavioral therapy. Current work status is noted as temporarily totally disabled "from a psychological perspective." A request was submitted for 6 sessions of therapy, but this was modified on 10-14-2015 to 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brief course 6 weekly sessions of individual treatment of a cognitive behavioral therapy approach: 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. Both the MTUS and the ODG industrial guidelines for the use of psychological treatment in the case of industrial injury noted that it is recommended but that and the initial brief treatment trial should be utilized in order to determine patient benefit from treatment. The MTUS guidelines specify an initial brief treatment trial of 3 to 4 sessions whereas the official disability guidelines recommend an initial brief treatment trial of 4 to 6 sessions. Subsequently additional sessions can be authorized contingent upon documentation of patient benefit including objectively measured functional improvement (e.g. psychometric testing). The MTUS guidelines recommend a total of 6 to 10 sessions whereas the ODG guidelines allow for a recommendation of 13 to 20 sessions for most patients with additional sessions available for patients with very severe symptomology and documentation of improvement with treatment. In this case, this appears to be a request to start a new course of psychological treatment therefore the initial treatment trial criteria does apply. This question is basically over whether or not the treatment trial should consist of four sessions or 6 sessions. The provided medical records were reviewed and there is no indication why a longer course of an initial treatment trial is needed. Although, it is vaguely indicated that the six sessions would perhaps constitute the entire course of psychological treatment, this does not negate the necessity for the initial treatment trial. Therefore, the medical necessity of the request is not established and utilization review decision is upheld. This is not to say that the patient does, or does not meet psychological treatment only that this particular request for a sixth session initial brief treatment trial is not medically necessary based on the provided documentation.