

Case Number:	CM15-0221922		
Date Assigned:	11/17/2015	Date of Injury:	05/06/2015
Decision Date:	12/30/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/11/2015

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 44 year old female, who sustained an industrial injury on 05-06-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for asthma, high blood pressure, anxiety and moderately severe depression. Medical records (07-17-2015 to 09-24-2015) indicate ongoing depression and anxiety. Records also indicate improving mood, ability to cope and decreased agitation. The IW's work status was not specified. The physical exam, dated 09-24-2015, revealed testing scores supportive of severe depression and severe anxiety with continued fearfulness, irritability, worry, tension and insomnia. Relevant treatments have included: 6 sessions of cognitive behavioral therapy (CBT) with reduced depression, reduced anxiety, decreased agitation from pain, and increased coping abilities. The treating physician indicates that additional CBT will help further the gains made with the first 6 sessions and further improve her mood and ability to sleep. The request for authorization (10-05-2015) shows that the following treatment was requested: 10 additional cognitive behavioral therapy sessions. The original utilization review (10-12-2015) partially approved the request for 10 additional cognitive behavioral therapy sessions which was modified to 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional cognitive behavioral therapy sessions: Upheld

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

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 10 additional sessions of cognitive behavioral treatment, the request was modified by utilization review which provided the following rationale for its decision: "concerning this patient, proceeding with additional CBT appears appropriate. It is knowledge that the patient has undergone a trial of CBT with some benefit; however, continues to experience elevated levels of anxiety, fearfulness, irritability, depression, tension, insomnia, and hopelessness. In consideration of this the guideline recommendations regarding an appropriate course of care, and benefit from prior treatment of this type, the perspective request for 10 additional cognitive behavioral therapy sessions is certified with modification to four additional cognitive behavioral therapy sessions with the remaining six non-certified at this time." 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 an initial psychological treatment evaluation (July 17, 2015), the patient has been diagnosed with: Adjustment Disorder with Mixed Anxiety and

Depressed Mood and Primary Insomnia. This IMR will address a request to overturn the utilization review decision. MTUS treatment guidelines for psychological treatment indicate patient should receive 6 to 10 sessions of cognitive behavioral therapy. Patient has reportedly completed six sessions to date. The request for 12 sessions would bring the total to 18. Although the official disability guidelines do allow for additional psychological treatments beyond the MTUS guidelines, the medical necessity would need to be established for those sessions. In this case, the medical records were carefully considered and the request for 12 sessions does appear to be excessive without documentation of continued medical necessity. Therefore the utilization review which modified the request to allow for four sessions is upheld. The request is not medically necessary.