

Case Number:	CM15-0039344		
Date Assigned:	03/09/2015	Date of Injury:	09/21/2006
Decision Date:	04/13/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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 56-year-old female, who sustained an industrial injury on September 21, 2006. The injured worker had reported injuries to her neck, back, arms and legs related to a fall. The diagnoses have included cephalgia, status post cervical spine fusion, right wrist sprain/strain, left thumb sprain/strain, lumbar spine fusion and depression. Treatment to date has included medications, radiological studies, acupuncture treatments, psychotherapy and a home exercise program. Current documentation dated December 12, 2014 notes that the injured worker complained of constant neck pain with radiation to the shoulder, wrist and hands. She also reported intermittent low back pain with a decreased range of motion. Physical examination of the cervical spine revealed tenderness to palpation over the levator and right trapezius muscles area. The range of motion was noted to be painful. Examination of the lumbar spine revealed a painful range of motion and bilateral hamstring tightness was also noted. The injured worker developed depression related to the industrial injuries and has been being treated by a psychologist. The treating physician's recommended plan of care included cognitive behavioral therapy (CBT) psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Cognitive Behavioral Therapy (CBT) Psychotherapy Sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102, 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, March 2015 update.

Decision rationale: 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) 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 12 sessions of cognitive behavioral therapy, the request was non-certified with the following rationale: "the guidelines recommend additional treatment sessions with evidence of objective functional improvement. The provided documentation by [REDACTED] indicated that the patient has psychiatrically based impairments of sleep, energy, concentration, memory, emotional control, and stress tolerance. No other objective findings were provided in the most recent evaluation on 01/17/2015. [REDACTED] also noted that the patient has plateaued and no further improvement is expected."The patient has received an unknown quantity of therapy. It is unclear when she began her psychological treatment, at a minimum there is documentation of psychological treatment from November 2011 to the time of this request. It appears very likely she has exceeded maximum guidelines for session quantity. The patient's injury is noted to have started in 2006 and her psychological treatment history from 2006 through 2011 is unknown. Continued psychological treatment is contingent upon all three of the following issues being clearly documented: significant patient psychological symptomology, total quantity of sessions provided consistent with above stated treatment guidelines, and evidence of objective functional improvement based on prior treatment sessions. The patient does continue to report significant psychological symptomology, however the other 2 criteria were not adequately addressed. Current treatment guidelines recommend a course of psychological treatment consisting of 13 to 20 sessions maximum total for most patients.

Additional sessions can be made in some cases of severe psychopathology including Severe Major Depressive disorder or PTSD up to 50 sessions maximum -as long as there is documentation of patient benefit. The patient appears to be participating in "group psychotherapy co-ed disability recovery groups." The provided progress notes do not mention a cumulative total of how many sessions she has received. The progress notes do not indicate objectively measured indices of functional improvement as a result of treatment. No treatment goals with dates of accomplishment for achieved goals or estimated dates of future accomplishment of goals was provided. A treatment progress note from December 18, 2014 written in response to the request for additional information by the patient's insurance company notes that the following as a result of treatment: greater control over the level of her autonomic arousal, reduced irritability and feelings of hopelessness and irrational fears, starting a pool exercise program and getting out of bed at a reasonable time most mornings. It's unclear when these listed benefits from treatment occurred given that the patient has been in treatment for a very long time they may have occurred at any point in time during the course of her treatment. Although these are important goals, there was no objectively measured instruments provided indicating improvement in objective functional improvement as a result of treatment e.g. increased ADLs decreased dependency on future medical care) There is no active treatment plan provided with stated goals and estimated dates of accomplishment. There is no plan for treatment termination. In January 2015, the patient completed several assessment instruments including the back anxiety inventory and the McGill pain questionnaire as well as several others however, her scores were not compared to other points in time in a way that would determine whether or not she is benefiting from the existing treatment. The information regarding patient benefit in terms of objectively measured functional improvements is insufficient to establish the medical necessity of continued treatment. For these reasons the utilization review determination for non-certification is upheld.