

Case Number:	CM15-0039957		
Date Assigned:	03/20/2015	Date of Injury:	06/13/2013
Decision Date:	04/17/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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 40-year-old male, who sustained an industrial injury on June 13, 2013. The injured worker had reported a neck and right shoulder injury. The diagnoses have included pain in the joint of the shoulder, neck pain, right cubital tunnel syndrome, depression, anxiety and status post right arthroscopic surgery. As a result of the injuries the injured worker had developed severe symptoms of anxiety and depression. His treatment course regarding these psychiatric disabling symptoms has included cognitive behavior therapy and pharmacotherapy. The documentation notes that without this treatment the injured worker decompensates. He was noted to become suicidal and unable to function in any significant way. Treatment to date has included medications, radiological studies, electrodiagnostic studies, surgery, cognitive behavior therapy and physical therapy. Current documentation dated December 19, 2014 notes that since the injured worker had started cognitive behavior therapy he had shown improvement in his psychological assessment. The injured worker had decreased irritability, frustration, hopelessness and emptiness and an increased understanding of his emotional responses to his physical limitations. The injured worker continued to report chronic right upper extremity pain and right shoulder pain. The treating physician's recommended plan of care included a request for cognitive behavior therapy # 8.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy, 8 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, ODG cognitive behavioral therapy guidelines for chronic pain Page(s): 23-24. Decision based on Non-MTUS Citation Official disability guidelines, chapter: mental illness and stress, 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. According to a treatment progress note from the patient's therapist, September 16, 2014 treatment is focused on anxiety and worry and insomnia as a result of his chronic pain and related situation there is mild anxiety with a congruent affect the patient reports overall that he is feeling good and stable on his medication and that the visual hallucinations he had been reporting are occurring less frequently and are less threatening than before. Patient also denied any hallucinations since his prior session. Treatment progress notes were not numbered in a cumulative manner but relative to the most recent authorization making it difficult to determine the precise number of sessions at the patient has received to date but based on the utilization review report he has received 24 sessions. A request was made for 8 additional sessions of cognitive behavioral therapy. Utilization review modified the request for 8 sessions to allow for 4 additional sessions. According to the official disability guidelines, patients should receive a course of psychological treatment consisting of 13-20 sessions maximum for most patients. In some cases of severe psychopathology, including PTSD or severe major depression additional sessions can be offered up to a maximum of 50 with documentation patient benefit/progress in treatment. Continued psychological treatment is contingent not only upon patient psychological symptomology but also documentation of improvement from prior psychological treatment as well as that the total quantity of sessions is consistent with official disability guidelines as stated

above. The request for 8 sessions would bring the total quantity of sessions that the patient has received to 34 sessions; given that the request exceeds guidelines for most patients, the modification offered by utilization review to allow for 4 additional sessions was appropriate.