

Case Number:	CM15-0051375		
Date Assigned:	03/24/2015	Date of Injury:	06/28/2006
Decision Date:	05/01/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	03/18/2015

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 51-year-old male, who sustained an industrial injury on June 28, 2006. The injured worker had reported a low back injury. The diagnoses have included lumbar disc herniation, lumbar radiculopathy, left hip arthralgia, erectile dysfunction, insomnia and depression. Treatment to date has included medications, radiological studies and psychological evaluations. Current documentation dated February 17, 2015 notes that the injured worker reported increased depression. The injured worker noted continued positional pain, feelings of worthlessness, difficulty concentrating and difficulty with sleeping. Clinical examination revealed depression, hopelessness, anxiety and financial stress. The psychological symptoms were noted to be related to his chronic physical condition, difficulty managing his pain and its impact on his activities of daily living. The treating physician's plan of care included a request for cognitive behavior therapy sessions # 24.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 sessions of cognitive behavioral therapy: 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 Chapter.

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, cognitive behavioral therapy, mental illness and stress chapter, 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: Continued psychological treatment is contingent upon the establishment of medical necessity this typically involves documentation of all 3 of the following: continued patient psychological symptomology at a clinically significant level, total treatment sessions provided to date and requested consistent with MTUS guidelines, and evidence of patient benefited from prior treatment including objectively measurable functional improvement indices. The provided documentation does demonstrate patient continued psychological distress noted in severe depression and patient struggling to cope with the loss of his home as a result of financial difficulties. However, the patient has already received a very significant and lengthy course of psychological treatment. Is unknown how much treatment the patient has received since the time of his injury but is reported that in the last 2 years alone he has received at a minimum 48 treatment sessions the requested additional 24 sessions exceeds treatment guideline recommendation maximums. Current treatment guidelines suggest 13 to 20 visits for most patients is sufficient. Additional sessions in cases of severe major depressive disorder or PTSD may be offered with documentation of significant patient benefit from prior treatment. This request would bring the total number of sessions provided in the recent past 2 years to approximately 62 visits The utilization review did modified the request appropriately to allow for 4 additional treatment sessions. Because the requested procedure is not medically necessary based on excessive quantity, the utilization review determination for a modification to allow for 4 sessions is upheld.