MAXIMUS Federal Services

Case Number:	CM15-0053186		
Date Assigned:	03/26/2015	Date of Injury:	07/18/2013
Decision Date:	05/05/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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 42 year old male, who sustained an industrial injury on 7/18/2013. He reported an injury of the left knee. The injured worker was diagnosed as having status post left knee medial meniscus repair, compensatory right knee sprain, and lumbar listhesis with disc extrusion encroaching on left S1 nerve root. Treatment to date has included medications, physical therapy, knee surgery, magnetic resonance imaging, and acupuncture. The request is for cognitive behavioral therapy. On 3/9/2015, Utilization Review modified certification of 4 visits, indicating the requested 6 visits of cognitive behavioral therapy exceeded an initial course of therapy. The records indicate physical therapy to be marginally beneficial. On 2/13/2015, he has continued low back pain and is off work. The treatment plan included: continue the current medication regimen, request lumbar medial branch blocks, continue home exercise program. The records indicate he declined cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

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 ODG: 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. Decision: According to the MTUS guidelines for treatment of chronic pain using cognitive behavioral therapy, and initial treatment trial consisting of 3 to 4 sessions should be conducted and completed in order to determine the extent the patient benefit, if any from the treatment. With documentation of patient benefit which includes objectively measured functional improvements (e.g., activities of daily living increases reduction in work restrictions or dependency on future medical care, increases in socialization and exercise etc.) then additional treatment sessions can be authorized contingent upon medical necessity 13-20 for most patients. Although the official disability guidelines do allow for a more lengthy initial treatment trial consisting of 4 to 6 sessions rather than the more restrictive MTUS 3 to 4 sessions in this case it would be best to have some indication of whether or not the patient is benefiting from this particular treatment given that he is reporting very low levels of psychological distress other than poor sleep and sleep related issues based on the medical records provided for consideration for this review. Because of this, the medical necessity of the request is not established. This is not to say the patient does, or does not require psychological treatment, only that the proper treatment protocol is being requested of having a initial brief treatment trial, and the appropriateness of that request is held up at the independent medical review level, therefore the utilization review determination is upheld.