

Case Number:	CM15-0054945		
Date Assigned:	03/30/2015	Date of Injury:	04/30/2013
Decision Date:	05/04/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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(n) 48 year old male, who sustained an industrial injury on 4/30/13. He reported pain in the lower back related to lifting a heavy object. The injured worker was diagnosed as having cervical spine strain, lumbar spine stain, anxiety and depression. Treatment to date has included an EMG/NCV study, acupuncture, MRI's, psychiatric testing and pain medications. On 5/1/14, the injured worker was hospitalized with a diagnosis of a stroke. As of the PR2 dated 8/21/14, the injured worker reports anxiety, depression, sleep disturbances and problems with memory. The treating physician requested cognitive behavioral psychotherapy once weekly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy: one weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain 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, mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, March 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) 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 utilization review determination for non-certification, a request was made for cognitive behavioral psychotherapy, once weekly (unspecified quantity/duration), medication management with psychiatric visits once every month. The request was modified to approve cognitive behavioral therapy one time a week for 4 sessions and medication management and psychiatric visits once a month. This request is to overturn the utilization review determination with regards to cognitive behavioral therapy, one time per week (unspecified quantity). The utilization review determination correctly modified the request. All applications reaching the IMR stage for psychological treatment must contain a specific treatment quantity of sessions that is being requested otherwise the request is viewed as the equivalent of an open ended/unlimited quantity of treatment sessions and in this case the medical necessity has not been established. The utilization review determination correctly agreed that cognitive behavioral therapy is appropriate for this patient at this juncture and authorized 4 sessions. According to the MTUS guidelines patients should have an initial treatment session trial consisting of 3 to 4 sessions in order to determine whether or not the patient responds to the treatment with favorable patient benefits including objectively measured functional improvement. Subsequent to the documentation of patient benefited from the initial treatment trial additional sessions of 13-20 may be offered contingent upon medical necessity been established. Because this request for unspecified quantity of sessions was not found to be medically necessary by the documentation provided a request to overturn the utilization review non-certification with modification is not approved. This is not to say that the patient does, or does not, need psychological care only that this request is not medically necessary.