

Case Number:	CM15-0058099		
Date Assigned:	04/02/2015	Date of Injury:	08/29/2005
Decision Date:	05/05/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/26/2015

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 female, who sustained an industrial injury on August 29, 2005. She has reported left knee pain, lower back pain, right hip pain, right leg pain, depression and anxiety. Diagnoses have included back pain, major depressive disorder, single episode, moderate with anxiety, and rule out pain secondary to psych factors and general medical condition. Treatment to date has included medications, left knee surgery, therapy, and imaging studies. A progress note dated February 24, 2015 indicates a chief complaint of chronic pain, depressed mood, fatigue, sleep disturbances, decreased concentration, increased irritability, and decreased self-esteem. The treating physician documented a plan of care that included psychiatric evaluation and cognitive behavioral psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve weekly cognitive behavioral 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).

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. A request was made for 12 sessions of cognitive behavioral therapy. The request was non-certified by utilization review which offered a modification to allow for 4 sessions of treatment. This request is to overturn that decision and to allow for all 12 sessions. The provided medical records do not established medical necessity of the request procedure. The provided medical records include a recent psychological evaluation. The patient is noted to have received prior psychological treatment that was discontinued in 2012. There was no further information provided regarding this prior treatment course. Current official disability and MTUS guidelines for chronic pain suggest that for most patients a course of treatment consisting of 13 to 20 sessions maximum is sufficient. In some cases of very severe major depression or PTSD additional sessions up to 50 can be warranted based on medical necessity and sufficient documentation of patient benefit from treatment including objectively measured functional improvements. The MTUS guidelines furthermore states that an initial treatment course should consist of 3 to 4 sessions to determine whether or not the patient responds with significant improvement that would warrant additional sessions. In this case because the patient has had an unknown course of psychological treatment already provided to her the modification to allow for 4 sessions done by utilization review was the correct decision. Therefore because the medical necessity of the request is not been established to overturn that decision, the utilization review decision is upheld. The request is not medically necessary.