

Case Number:	CM15-0088050		
Date Assigned:	05/12/2015	Date of Injury:	04/05/2009
Decision Date:	06/15/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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 female, who sustained an industrial injury on 4/5/09. She reported pain in her neck and shoulders. The injured worker was diagnosed as having brachial plexus disorder, thoracic outlet syndrome and post-traumatic stress syndrome. Treatment to date has included a functional restoration program, psychiatric treatments, oral pain medications and rotator cuff surgery. As of the PR2 dated 4/22/15, the injured worker reports bilateral neck pain that is constant and shooting. She has had 16 cognitive behavioral therapy sessions in the past and reports better ability to cope with chronic pain in addition to stress and anxiety originating from unmanaged pain. The treating physician noted a moderate level of distress and normal mood and affect. The treating physician requested cognitive behavioral therapy x 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior therapy x 6: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 19-23.

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 6 sessions of cognitive behavioral therapy; it was non-certified by UR: "this patient has completed 16 sessions of cognitive behavioral therapy, and her last session was in the fall of 2000 however a specific rationale as to why she needs to re initiate therapy is not provided. It is noted that she has had normal mood and affect. In addition, there is no documentation as to why she has been unable to utilize the tools they learned in therapy independently." This IMR will address a request to overturn that decision. A follow-up treatment note from November 3, 2014 indicates: "she is participating in pain psychology and reports improvement in mood as well as general belief regarding her painful symptoms." According to a request for treatment authorization from February 10, 2015 the patient had CBT visit number 10 the session was focused on improving the patient's coping skills, emotional stress, cognitive and social role functioning, and adaptation to functional limitations. It is noted that she is also receiving biofeedback treatment at the same time. It was also noted that the patient has been using relaxation techniques she has learned decrease low back tension and muscular bracing as well as has been completing the following activities: walking/exercising daily, stretching, breath awareness strategies, household and social activities. There is also an indication on a March 3, 2015 report that the patient has been approved for a functional restoration program and anticipates beginning to start it the following week. Cognitive behavioral treatment that states there is increased daily activity and managing pain symptoms and coping the improvements are rated as "High, improving." Objective measures of improvement were also provided comparing her current level with baseline. Additional treatment is requested to further reduce dysfunctional coping mechanisms that are interfering with her ability to improve function and coping and to help transition to modified work duty with several other goals mentioned. It is further stated that it is anticipated with 6 additional sessions the patient should reach maximal medical improvement. A note from March 25, 2015 from the

patient's primary physician states: "request for cognitive behavioral therapy for this patient she is struggling tremendously in terms of pacing and coping. She is tearful in my office and has been over the past 3 months. She is sad that she is still unable to be a good mother because of her pain. She reports increasing lack of motivation to adhere to her exercise machine. She similarly presents with describes worsening endurance we simply need to get this patient back on track. It is been more than one year since she has received cognitive behavioral therapy." Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. The medical records support the medical necessity of the requested treatment. There is sufficient documentation in the treatment notes patient benefited from prior sessions, as well as a documented rationale for the reason for the request by the primary treating physician. Because the patient does appear to still have psychological symptoms and that the request is not appear to exceed the treatment guidelines recommendation for 13 to 20 sessions maximum (although it perhaps brings the total to 22 sessions) the request appears reasonable and medically necessary. Because the medical necessity the request is been established, the utilization review determination is overturned.