

Case Number:	CM15-0092302		
Date Assigned:	05/18/2015	Date of Injury:	05/04/2007
Decision Date:	07/15/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/13/2015

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 66-year-old, female who sustained a work related injury on 5/4/07. The diagnoses have included cervical spondylosis without myelopathy, chronic pain syndrome and cervical spine stenosis, lumbar strain/sprain, and tear of lateral or meniscus of knee. Treatments have included oral medications, pain patches, trigger point injections, and right knee surgeries. In the PR-2 dated 3/24/15, the injured worker complains of lower back, neck and bilateral knee pain. She states the constant neck pain radiates down her right arm. She rates her pain level a 3/10 with medications and a 7/10 without medications. She has decreased right knee range of motion. She has diffuse tenderness to palpation of right knee. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Cognitive Behavioral Therapy times twelve (12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain chapter, and Psychological Treatment sub 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. Pages 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: 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for outpatient cognitive behavioral therapy times twelve (12) sessions; the request was non-certified by utilization review with the following provided rationale: "the current California MTUS and official disability guidelines recommend up to 6 to 10 sessions of psychotherapy to address pain and increased coping skills. The request for 12 sessions is excessive and does not be guidelines for approval at this time." This IMR will address a request to overturn the utilization review non-certification decision. 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 including objectively measured functional improvements. According to a primary treating physician progress note from March 26, 2015 under the review of systems psychiatric, mood and affect are described as appropriate, judgment and insight is described as intact, thought process and associations are listed as within normal limits and there is an absence of any abnormal thoughts hallucinations or delusions. Several similar treatment progress notes dating back to November 18, 2014 were found with no mention of psychological or psychiatric difficulties in the progress note whatsoever. All of the provided treatment progress notes were carefully reviewed; there was no mention in any of the medical records provided for consideration regarding the nature of this request. There are no prior psychological treatment progress notes if any prior treatment has occurred. There is no discussion of the patient's psychological symptoms or diagnosis nor is there any detailed description as to what the requested treatment is designed to address. The nature of this request

itself is unclear. If this is a request to start a new course of psychological treatment in a patient who has not received any prior psychological treatment that is not clearly stated and the request for 12 sessions would exceed the treatment guidelines for an initial brief course of psychological treatment that would consist of 3 to 4 sessions per MTUS guidelines. If this is a request to continue an already in progress or ongoing psychological treatment course then there's no substantiating documentation regarding her prior treatment response to substantiate the medical necessity of this request. Therefore, the medical necessity the request is not established. This does not mean that the patient does, or does not require psychological treatment, only that the medical necessity of this particular request was not established due to insufficient documentation. For this reason, the utilization review determination of non-certification is upheld. This request is not medically necessary.