

Case Number:	CM15-0237893		
Date Assigned:	12/15/2015	Date of Injury:	09/07/2010
Decision Date:	01/19/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/07/2015

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 56 year old female who sustained an industrial injury on 9-7-2010. A review of medical records indicates the injured worker is being treated for cervical sprain strain, cervical paraspinal muscle spasms, cervical disc herniation, cervical radiculitis, radiculopathy of the left upper extremity, limited range of motion of the left shoulder, left shoulder internal derangement, sacroiliitis of both sacroiliac joints. Medical records dated 9-17-2015 noted limited range of motion to the neck associated with severe muscle spasms. Pain was rated 8 out of 10. There was left shoulder pain rated 8 out of 10 and pain over both buttocks radiating to the posterior and lateral aspects of both thighs with numbness and tingling increasing in severity. Physical examination noted pain on palpation to the cervical spine with decreased range of motion. There was tenderness to palpation of the anterior aspect of the shoulder. There was pain to palpation of the sacroiliac joints. Treatment has included medical imaging, physical therapy, chiropractic manipulation, acupuncture, home exercise, and medications. Utilization review form dated 11-12-2015 noncertified cognitive behavioral therapy x 16 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy for 16 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update.

Decision rationale: Citation Summary: According to the MTUS, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvement. Guidance for additional sessions is total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The Official Disability Guidelines (ODG) states that an initial 4 to 6 session 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. After the initial treatment trial, with documentation of patient benefit, the ODG recommends up to 13-20 visits over a 7-20 weeks of individual sessions, and notes that 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. Furthermore it is noted that 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 a meta-analysis of 23 trials. A request was made for cognitive behavioral therapy x 16, the request was non-certified by utilization review which provided the following rationale for its explanation: "the physician should consider a separate psychotherapy CBT referral after four weeks if there is a lack of progress from PT alone. PT has not been documented recently in this claimant, so this request is premature and cannot be certified." This IMR will address a request to overturn the utilization review decision. Decision: According to a psychiatric treatment progress note, the patient has been receiving psychiatric care (possibly telephone consultation) and is diagnosed with the following: "adjustment disorder with mixed anxiety and depressed mood. She has been prescribed Xanax 2 mg tablet TID PRN for anxiety or insomnia and Prozac 20 mg tablet Q a.m. for depression, with a consideration to possibly increase Prozac to 30mg due to limited response". According to a PR-2 progress report from the patient's primary and requesting psychologist, her diagnosis is listed as Major Depressive Disorder, single episode, severe with psychotic features; Generalized Anxiety Disorder; Panic Disorder with Agoura phobia and breathing related sleep disorder. It is noted on this PR-2 that "I will request 16 sessions of individual psychotherapy to start, although the QME at her defense has requested that she would like me to follow her ensued she is getting the individual therapy in the treatment is going as planned which I will gladly accommodate." The medical necessity of this request for 16 sessions is not established due to excessive quantity. The MTUS and ODG recommend an initial treatment trial consisting of 3 to 4 sessions (MTUS) and up to 4 to 6 sessions (ODG). The total duration of recommended treatment according to industrial guidelines is listed as 6 to 10 sessions (MTUS) or 13 to 20 sessions (per ODG). The ODG does make an allowance for an extended course of psychological treatment in cases of Major Depressive Disorder, severe which would allow up to 50 sessions or at least one year of treatment. However this request for 16 sessions is the equivalent of approximately four months of treatment if sessions are held once per week and

is not appear to include an initial brief treatment trial. Ongoing documentation of patient benefit would be needed and a four-month course of psychological treatment would not allow this process. In addition, it's unclear how much prior psychological treatment the patient has received to date in terms of session quantity and duration and outcome. The provided medical records indicate that the patient has received a significant amount of psychological treatment in the past. This request would be to be considered in view of the light of prior psychological treatment quantity and duration and outcome. For this reason the medical necessity the request is not established and utilization review decision is upheld, therefore is not medically necessary.