

Case Number:	CM14-0179025		
Date Assigned:	11/03/2014	Date of Injury:	09/30/2002
Decision Date:	12/08/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records as are provided for this independent review, this patient is a-year-old female who reported an industrial injury on September 30, 2002. The mechanism of injury was reported as a slip and fall accident when she stepped on a piece of bark and fell to the ground landing on her bilateral legs and knees. She reportedly sustained injury to her back, neck, wrists, knees and shoulders. She reports depressed mood, fatigue and low energy, worthlessness, sleep disturbance, diminished ability to concentrate, and reduced interest in activities, thoughts about death. She states "I can't work, I have no money and I'm in pain." This IMR will focus on her psychological symptoms as they pertain to the requested treatment. She has been receiving individual therapy, educational group therapy, and biofeedback training. Therapeutic goals were listed as improving emotional balance, experiencing less stress, pain relief, improve functionality, decreased anxiety, improved mood and depression. Beck Depression Inventory scored 27 suggest moderate levels of depression and Beck anxiety inventory score 33 suggests severely anxious state. She's been diagnosed with Major Depression, Single Episode; Generalized Anxiety Disorder; Pain Disorder. A request for 6 sessions of cognitive behavioral therapy was modified by utilization review to allow for 4 sessions. The utilization review rationale for modification was that 4 sessions would allow for an initial treatment trial to determine patient's responsiveness to treatment. This independent medical review will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavioral Therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, November 2014 Update

Decision rationale: According to the MTUS treatment guidelines, 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 measureable/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 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. With respect to the current requested treatment for 6 sessions of cognitive behavioral therapy, the utilization review determination offered a modification to allow for 4 sessions. This was a correct modification. MTUS guidelines specifically state that 3-4 sessions should be allowed as an initial treatment trial. The basis for that is that an initial treatment trial is required to determine whether or not the patient is responding appropriately to the treatment. In addition, the patient's injury occurred in 2002; there was no documentation provided with respect to the patient's prior psychological treatments, if any, from the date of injury to the time of this treatment request. It appears that this is being considered as the start of a new course of treatment, but it is unclear if she has had prior treatment or not and if so, what the course and duration and outcome of the treatment was. The medical necessity of 6 psychological treatment sessions is not supported by the documentation provided as an initial course of treatment as guidelines recommend 3 to 4 sessions initially. This request is not medically necessary.