

Case Number:	CM14-0211492		
Date Assigned:	12/24/2014	Date of Injury:	11/30/2009
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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:

According to the provided medical records, this patient is a 47 year old male who reported a work-related injury that occurred on November 30, 2009. The mechanism of injury was not reported in the documentations provided. He reports constant bilateral wrist pain with loss of motion and decreased strength, there is also a report of numbness bilaterally in his hands. He is status post 2 surgeries. There is evidence of moderate bilateral carpal tunnel syndrome. This IMR will address his psychological symptoms/prior treatment as they relate to the requested treatment. He is diagnosed with Major Depressive Disorder, Single Episode, Moderate. According to a treating psychologist's progress report PR-2, August 25, 2014, his level of pain has stayed the same since his initial psychological visit. Depressive symptoms included sadness, loss of pleasure participating in usual activities, sleep disturbance, appetite changes, crying episodes. He reported that at work he: "took a hack saw and went back and forth 12 times but it did not cut me I wanted to cut my hand off not kill myself I was upset after a visit with the hand surgeon." Beck depression inventory score was 35 reflecting severe depression, Beck anxiety inventory was 11 suggesting mild anxious state." Under the category of prognosis, it was stated that his psychological status remains correlated with his right wrist injury, pain state, and functional limitations. Assuming his physical rehabilitation progress as well I would expect his psychological condition to show steady improvement." A similar progress report follow-up from November 11, 2014 showed no change in levels of depression with an increase in anxiety. A request was made for cognitive behavioral therapy sessions 6-10, the request was modified to

allow for 2 visits by utilization review with the remainder being non-certified; this IMR 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:

Cognitive behavioral therapy sessions 6-10 visits: 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), Evaluation and Management (E&M)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, 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. 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 post-traumatic stress disorder (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) allows for 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. With regards to the request for additional 6-10 sessions of cognitive behavioral therapy, the medical necessity of the request was not met by the documentation provided for this review. The MTUS treatment guidelines allow for up to 10 sessions if patient benefit is being derived from treatment. The ODG allows for 13-20 sessions. In this case, the utilization review determination was to allow for 2 additional sessions bringing the total the patient has received to 10 which is the maximum recommended by the MTUS guidelines. It was not clear whether or not the patient has participated in prior courses of psychological treatment since the date of his injury in 2009. Continued psychological treatment is contingent not only upon the presence of significant patient symptomology, but also that there is demonstrated benefit/objective functional improvement as a result of the treatment being provided, and that the total number of sessions adheres to recommended guidelines. Although

several detailed progress notes were provided that included objective measurement of the patient's levels of depression and anxiety, there did not appear to be any change based on treatment provided and possibly an increase in levels of anxiety were noted over a course of 8 sessions. There was no documentation noted of objective functional improvements derived from prior treatment. Objective functional improvements can be demonstrated with all of the following: increase in activities of daily living, a reduction in dependency on future medical care, and a reduction in work restrictions if applicable. The patient progress to date was not discussed except to note that it is contingent upon his medical condition. Based on the Guidelines and the medical evidence, this request is not medically necessary.