

Case Number:	CM14-0213347		
Date Assigned:	12/30/2014	Date of Injury:	02/28/2011
Decision Date:	03/09/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/19/2014

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:

This is a 60-year-old female with a work-related injury dated October 1, 2006 through February 28, 2011. The mechanism for injury described as a cumulative trauma during the date given that resulted in injury to her head, shoulders, cervical, thoracic and lumbar spine, hips, knees, feet, internal system and sleep disorder due to stress at work. Treatment history had included an internist's consultation, a gastrointestinal evaluation and a psychiatric evaluation. The psychological evaluation dated October 14, 2014 reflected that the worker was anxious, distraught and fearful of continued intractable pain. Diagnosis at this visit included major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. A physiological examination dated November 10, 2014 reflected that the worker had improvements in social functioning, increased self-esteem, less emotional withdrawal and improvements in concentration. The physician further documented that the worker was in need for further emotional treatment so that further improvement could be achieved and without further emotional treatment, the progress she had made would be lost. In the authorization request dated November 10, 2014, the psychologist requested six cognitive behavioral therapy visits. The utilization review decision dated November 21, 2014 non-certified the request for urgent Cognitive Behavioral Therapy, six sessions. The rationale for non-coverage was not submitted that included a list of medical records reviewed and the references to support the non-coverage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. Page(s). Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 2015 update.

Decision rationale: . The medical necessity of the requested treatment was not established by the documentation provided for this review. The request appears to exceed the medical guidelines for psychological treatment in terms of quantity and duration. According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommend 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 regards to this case, the patient appears to have been benefiting from her psychological treatment. She also appears to be exhibiting significant symptomology. However she has already received the maximum amount of therapy according to the stated guidelines and there is little expectation of additional benefit from further treatment in terms of objective functional improvements. According to a treatment progress note from the patient's primary therapist, "no amount of emotional treatment could reasonably be expected to completely raise the adverse of impact and complications of her work injuries, any improvement of symptoms would now be expected to occur, if at all, at a slower rate over a prolonged period of time." The patient has already received an unknown length/quantity of cognitive behavioral psychotherapy provided by [REDACTED]. In his derived benefit in decreased anxiety, depression, and sleep disturbance as well as stress-related medical complaints. In a discussion of the issue of allowing additional sessions, the therapist incorrectly stated that a total of 26 sessions can be offered because he added in the initial 6 sessions. The MTUS guidelines specifically state that a maximum of 6 to 10 sessions can be offered and the official disability guidelines allow for a more lengthy course of treatment 13-20 sessions but the 6 Initial treatment trial sessions are not added on. In addition, it is not clearly stated or known how many sessions she has already had but presumably she has exceeded the maximum guidelines. Because of this reason the medical necessity is not established and because medical necessity is not established the utilization review determination for non-certification is upheld.