

Case Number:	CM14-0213618		
Date Assigned:	12/24/2014	Date of Injury:	12/05/2012
Decision Date:	02/25/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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 42 year-old male who reported a work-related injury that occurred on December 5, 2012. A partial list of his medical diagnoses include: sprain and strain of medial collateral ligament of the knee, derangement of meniscus not otherwise classified, lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, chronic pain syndrome and pain in joint lower leg. A treatment progress note from December 5, 2014 noted to be session number 9/9 states that the patient had some unsuccessful attempts to follow through with novel self-care behaviors generated in prior sessions but demonstrated excellent insight. Affect was listed as anxious and excited and congruent with stated mood. He was diagnosed with the following psychological disorders: Major Depressive Disorder, Single Episode, Chronic, Moderate; Anxiety State Not Otherwise Specified; r/o Generalized Anxiety and Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. Treatment plan is listed as: increased self-esteem, increase self-care behaviors an independent motivation and maintenance of said behaviors, working towards gainful employment, generation of novel strategies to cope with symptoms of depression and anxiety resulting from work-related injury. According to a report from his primary treating physician dated November 25, 2014 patient states visits with pain psychologist are going well. A note from the patients primary treating psychologist dated 11/25/2014 notes that since the beginning of treatment there has been improvements in many areas including recently graduating and earning a certificate from a work program, actively pursuing a job, increase in self-esteem by 50% and decrease in depressive symptoms by 50%, increased self-care. Based on a psychological report from September 26,

2014 it appears that this is the date when he initially started psychological treatment, however it is not entirely clear whether or not he had any prior psychological treatment to this date. There is a notation that he initially had a psychological evaluation that was conducted in May 2014 and it was recommended that he had 12 sessions of psychological treatment at that time and there is a notation from July 2014 that the sessions were not authorized due to lack of an active treatment plan. A request was made for 6 additional cognitive behavioral therapy sessions, the request was non-certified by utilization review. The rationale provided by utilization review for non-certification was stated as there was no clear detail provided as to how many therapy sessions have been completed to date as up to 20 sessions are supported in the guidelines criteria. There was also no clear detail provided as to why the claimant could not transition into the workplace by applying his coping skills already learned. 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:

Six additional Cognitive Behavioral Therapy (as part of patient's treatment plan for pain management-outpatient): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment/Cognitive Behavioral Therapy.

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: psychotherapy guidelines, cognitive behavioral therapy, December 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 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 6 additional sessions of

cognitive behavioral therapy, the medical necessity of the request was established by the documentation provided. Continued psychological treatment is contingent upon 3 criteria, significant patient symptomology, total number of sessions conforming with above stated guidelines for quantity, evidence of patient benefit/objective functional improvements as a result of prior treatment. The documentation provided appears to meet all 3 criteria. There was evidence of significant patient symptomology and adjusting to his chronic pain condition, there was indication of significant patient benefit and objective functional improvements as a result of his treatment. The only area of some contention would be that the total number of sessions that has been provided to date was not entirely clear. There was several indications of treatment session number on the progress notes however it was not clear whether or not this was related to the total quantity that has been received or if it was related to how many had been authorized. Despite this, based on the timing of his initial psychological evaluation and the first treatment note that was provided which contained information that would be presented in an initial session it appears that his treatment started in September 2014 and that the total of 9 sessions that he is or received is counting from that date. It also appears that if these 6 by authorizing these 6 sessions the total number of sessions received would be 15 which falls within the treatment guidelines. Because the patient does appear to be benefiting substantially from treatment and making progress and for the other reasons mentioned the medical necessity was established and the utilization review determination for non-certification is overturned.