

Case Number:	CM14-0065152		
Date Assigned:	07/11/2014	Date of Injury:	02/24/2004
Decision Date:	05/29/2015	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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:

The injured worker is a 52-year-old male who sustained an industrial injury on 02/24/14. Initial complaints and diagnoses are not available. Treatments to date include cognitive behavioral therapy, physical therapy, and medications. Diagnostic studies are not addressed. Current complaints are not addressed. Current diagnoses include depression and chronic pain disorder. In a progress noted dated 04/23/14 the treating provider reports the plan of care as continued cognitive behavioral therapy, and psychopharmacy with psychiatry. The requested treatment is cognitive behavioral therapy.

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, 1 x month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation

ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 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) allow 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. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. According to an Agreed Medical Evaluation in psychology from August 8, 2013, the patient's psychological treatment started on monthly basis beginning in September 2008. It appears that the psychological treatment continued on a near monthly basis through 2013. Although no specific quantity of sessions was provided. As best as could be determined from the medical records that were provided for consideration for this review, the patient has already exceeded the recommended quantity of sessions of cognitive behavioral therapy per MTUS/official disability guidelines. Although the total quantity of sessions at the patient has received to date is not entirely clear it appears that he has recently received perhaps 22 sessions. Although the medical records do reflected patient progress as a result of his prior treatment, And there appears to be a diagnosis of severe major depression which would allow for the extended course of treatment, this request for additional sessions appears to exceed guideline recommended maximum for even the extended course which allows for up to 50 sessions over a one year period. Therefore, the medical necessity the request is not established per MTUS/official disability guidelines and thus the utilization review determination for non-certification is upheld; the request is not medically necessary.