

Case Number:	CM15-0016574		
Date Assigned:	02/04/2015	Date of Injury:	12/15/2009
Decision Date:	03/20/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/28/2015

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 38 year old male, who sustained an industrial injury on December 15, 2009. The diagnoses have included post-traumatic stress disorder and major depression. He is status post lumbar microdiscectomy at left lumbar 4-lumbar 5 in 2010 and spinal cord stimulator implantation in 2013. Treatment to date has included physical therapy, psychotherapy, cognitive behavior therapy, work modifications, urine drug screening, and oral and topical pain, anti-epilepsy, muscle relaxant, non-steroidal anti-inflammatory, anti-anxiety, and antidepressant medications. On November 19, 2014, the treating psychologist noted chronic pain, hopelessness, and stress. The objective findings included physical manifestations of pain, expressed anxiety, and depression. The treatment plan included a request for an additional 10 sessions of cognitive behavior therapy to address pain management, negative thinking, and future plans. On January 9, 2015, the treating psychiatrist noted difficulty dealing with chronic pain. His mood was improved, but he reported hypervigilance, perhaps paranoia, sleep disturbance, and nightmares. The treatment plan included a urine drug screen and sleeping medication. On January 19, 2015 Utilization Review non-certified a request for an additional 10 sessions (once a week for 10 weeks) of cognitive behavior therapy to address pain management, negative thinking, and future plans, noting the guidelines recommend psychotherapy for appropriately identified patients during treatment for chronic pain, and up to 13-20 visits over 7-20 weeks if progress is being made. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 additional sessions of Cognitive Behavioral Therapy 1 x10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Psychotherapy Guidelines

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 Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines

Decision rationale: Citation: 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 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. 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. Decision: A request was made for 10 additional psychological/psychotherapy treatment sessions area the request was non-certified by utilization review. The rationale for non-certification was stated that: "there was no evidence of benefit from previous cognitive behavioral therapy and no formulation of treatment plan was submitted for review. Evidence was minimal and not clinically helpful in determining current psychological distortions or issues." Continued psychological treatment is contingent upon documentation of all of the following: significant patient psychological/psychiatric symptomology, documentation of patient benefit from prior treatments including objective functional improvement, and that the total quantity of sessions provided from the date of injury to the request is consistent with the above stated treatment guidelines. The documentation that was provided for consideration was carefully reviewed and is insufficient in documenting medical necessity. Medical necessity the request could not be established was there was no clear indication of how many sessions the is had of psychological treatment to date. Therefore could not be determined whether 10 additional sessions would be consistent with the treatment guidelines. There was essentially no

documentation provided with the request substantiating patient benefit or objective functional improvements as a direct result of his prior treatment. There was no active treatment plan was stated goals and dates of expected accomplishment, no treatment progress notes were provided for consideration detailing what was the work that was being done and what progress is being made in treatment. Due to insufficient documentation of medical necessity, the medical necessity request was not established and therefore the utilization review determination for non-certification is upheld.