

Case Number:	CM15-0017569		
Date Assigned:	02/02/2015	Date of Injury:	08/04/2013
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/13/2015

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 65 year old male, who sustained an industrial injury on 08/04/2013. He has reported anxiousness and depression. The diagnoses have included post-traumatic stress disorder chronic; and depressive disorder. Treatment to date has included medications, and cognitive and behavioral therapy. Currently, the IW complains of being anxious, depressed, and fatigued with profound sadness, poor sleep, and reduced concentration. A progress note from the treating physician, dated 10/14/2014, reported objective findings to include depressed and anxious mood with affect blunted. The treatment plan included request for 6 sessions of cognitive and behavioral therapy, as well as a re-evaluation upon completion. On 12/16/2014 Utilization Review modified a prescription for Cognitive and behavioral therapy, quantity: 6 sessions, to 4 Additional cognitive and behavioral therapy sessions; and non-certified a prescription for Re-evaluation with psychologist. The CA MTUS and the ODG were cited. On 01/13/2015, the injured worker submitted an application for IMR for review of Cognitive and behavioral therapy, quantity: 6 sessions; and for Re-evaluation with psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive and behavioral therapy, quantity: 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines For Chronic Pain and Official Disability Guidelines (ODG): Mental Illness & Stress (Updated 11/12/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy; See also psychological treatment. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines February 2015 update.

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 recommended 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. A request was made for 6 additional sessions of cognitive behavioral therapy, the request was modified by utilization review to allow for 4 additional sessions, and non-certify the remaining 2 sessions, based on the report that the patient has put forth "genuine effort in utilizing the skills learned to overcome the challenges currently facing" and has had a positive response to prior treatment. This request is to consider overturning that decision and allow for 6 sessions instead of the requested for sessions. Decision: According to the provided medical records, the mechanism of injury was that the patient was employed as a bus driver at the time of the injury and while engaged in his normal and usual work duties a fatal bike accident occurred resulting in injuries to multiple persons and the death of one bicyclist. He reports symptoms of PTSD including anxiety, attention problems, significant cardiac-related medical issues, nightmares regularly, frequent awakening at night, depression, social avoidance, headache, changes in marital relationships and relationships with his son, decreased appetite. He has been diagnosed with posttraumatic stress disorder. Prior treatment has resulted in reduced panic attack and improving sleep quality. Progress note from October 14, 2014 indicates that he has completed his initial 10 authorized sessions of cognitive behavioral therapy. Continued psychological treatment according to the MTUS/ODG guidelines state that medical necessity is contingent upon documentation of all of the following: significant patient psychological symptomology, total quantity of sessions consistent with guidelines, and evidence of substantial

patient benefited from prior treatment including objective functional improvement. The criteria of patient symptomology and benefit from treatment have been adequately met. Although the total quantity of sessions the patient has received to date has not been clearly specified, and this information is essential in making a determination whether a request for additional treatment is medically necessary, it could be reasonably estimated based on the medical records are provided that he is not received the maximum quantity allowed and is perhaps had somewhere in the range of 10 to 20 sessions of therapy to date. Therefore, the criteria for treatment quantity appears consistent with treatment guidelines. No further treatment sessions after this, if requested and medically necessary should be provided without a definitive and exact statement of the quantity of sessions that the patient has received to date. The request itself appears medically necessary and reasonable based on these factors and therefore the request for 6 additional psychological sessions has been approved and utilization review determination is overturned.

Re-evaluation with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines For Chronic Pain and Official Disability Guidelines (ODG): Mental Illness & Stress (Updated 11/12/2014)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, psychological evaluation Page(s): 100-101.

Decision rationale: Citation: According to the MTUS psychological evaluations are generally accepted, well-established diagnostic procedures not only with selective use in pain problems, but with more widespread use in chronic pain populations. Diagnostic evaluation should distinguish between conditions that are pre-existing, aggravated by the current injury or work-related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. According to the official disability guidelines: psychometrics are very important in the evaluation of chronic complex pain problems, but there are some caveats. Not every patient with chronic pain needs to have a psychometric exam. Only those with complex or confounding issues. Evaluation by a psychologist is often very useful and sometimes detrimental depending on the psychologist and the patient. Careful selection is needed. Psychometrics can be part of the physical examination, but in many instances this requires more time than it may be allocated to the examination. Also it should not be bundled into the payment but rather be reimbursed separately. There are many psychometric tests with many different purposes. There is no single test that can measure all the variables. Hence a battery from which the appropriate test can be selected is useful. A re-evaluation with a psychologist was requested and was non-certified by utilization review which stated that: "there is insufficient clinical information provided in the medicals to support this request. There is no clear rationale provided to support the request re-evaluation at this time. This IMR will address a request to overturn that decision. The medical necessity of a psychological re-evaluation was not established by the documentation provided for this review. A psychological evaluation is a very lengthy and detailed document consisting of psychological assessment tools and quantitative measurements. Although it is essential for the treating therapist to monitor treatment progress with quantitative measures this would be considered a part of the therapy session and not a separate evaluation. Because the patient is still

actively engaged in therapy a reevaluation at this juncture is not appropriate or medically necessary therefore the utilization review determination for non-certification is upheld.