

Case Number:	CM15-0115804		
Date Assigned:	06/23/2015	Date of Injury:	8/8/2003
Decision Date:	07/23/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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 54 year old female who sustained an industrial injury on 08/08/03. Initial complaints and diagnoses are not addressed. Treatments to date include medications, laminectomy, back fusion, flank hernia repair, and psychological therapy. Diagnostic studies include MRIs. Current complaints include anxiety, depression, anger, and frustration. Current diagnoses include anxiety and depressive disorders. In a progress note dated 05/21/15 the treating provider reports the plan of care as 10 sessions of psychotherapy and assistance with activities of daily living. The requested treatments include 10 cognitive behavioral therapy and psychotherapy for the family.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 session of Cognitive Behavioral Therapy, one-on-one psychotherapy on a wkly basis:
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 Two, Behavioral Interventions, and Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 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: Citation Summary: 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for 10 sessions of cognitive behavioral psychotherapy a weekly basis; the request was non-certified by utilization review of the following provided rationale: "the records indicate that the patient was authorized for and completed 4 psychotherapy sessions. The guidelines indicate chronic pain patients may be seen for up to 10 visits. However, evidence of objective functional improvement is required, which is not documented in this case. Based on the available information, the request for 10 additional sessions of cognitive behavioral therapy is deemed to be not medically necessary." This IMR will address a request to overturn the utilization review decision. 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 including objectively measured functional improvements. According to a primary treating physician's progress report, PR-2 from March 19, 2015. The patient has participated in 6 sessions of psychotherapy. Her prior psychological treatment, if any, is unknown. The provided treatment progress note describes in great detail patient's physical pain which is noted to be severe. Although a list of treatment goals was provided there is insufficient reported treatment progress towards these goals or indication that she has benefited from the sessions that she has received to date which although are few in number should have resulted in some improvement by this juncture. Similar treatment progress

notes were found for March 26, 2015, April 2, 2015, and April 9, 2015. There was a mention on April 9, 2015 note "patient started relaxation breathing and "worried" exercises that reportedly (were) helpful. This does not mean the standard of objectively measured functional improvement. The medical necessity of this requested intervention is not established by the provided documentation. The patient's prior history of psychological treatment, if any, is unknown. Therefore, the total quantity of sessions at the patient has received to date is unknown, making it not possible to determine whether or not additional sessions are consistent with MTUS/official disability guidelines. The current course of psychological treatment does mention that she has received 6 sessions. Furthermore with regards to the issue of session quantity, if the patient has not in fact received prior psychological courses of treatment this request may be appropriate that perspective as the official disability guidelines allow for a course of psychological treatment for most patients depending on medical necessity 13 to 20 visits maximum. However, the issue of patient benefit from treatment is still unsubstantiated in the provided psychological treatment progress notes, which generally just repeated information from session to session and contain little to no evidence of patient benefit as measured by objectively measure indices of improvement. There is no specific information regarding patient having improved areas of activities of daily living and daily functioning nor is there any indication of reduction in dependency on future medical care or improved functioning socially or home exercise. Without evidence of objectively measured functional at indices of improvement the medical necessity of further treatment is not established and therefore the utilization review determination is upheld. This is not to say the patient does not require additional psychological treatment only that the medical necessity of the request is not supported by the provided documentation and appears to be inconsistent with MTUS/official disability guidelines.

Psychotherapy (psy pt & family, 60 min): 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 Two, Behavioral Interventions, and Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 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.

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