

Case Number:	CM15-0117374		
Date Assigned:	06/25/2015	Date of Injury:	06/17/2012
Decision Date:	07/31/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/18/2015

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 63 year old female, who sustained an industrial injury on 06/17/2012. She has reported injury to the bilateral hips and low back. The diagnoses have included lumbar sprain; lumbar radiculopathy; facet arthropathy; status post bilateral hip replacement; greater trochanteric bursitis, worse on the right than the left; pain disorder with psychological factors and general medical condition; and adjustment disorder with anxiety and depressed mood. Treatments have included medications, diagnostics, acupuncture, physical therapy, and surgical intervention. Medications have included Ambien. A progress report from the treating physician, dated 04/29/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain; depression; and sleep disturbances. Objective findings included anxiety and depression. The treatment plan has included the request for outpatient cognitive behavioral therapy for eight (8) sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cognitive behavioral therapy for eight (8) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Psychological Treatment.

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 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 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 outpatient cognitive behavioral therapy for 8 sessions, the request was modified by utilization review to allow for 4 sessions the remaining 4 sessions on certified. The rationale that was provided for this decision was stated as: "MTUS recommends a trial of 3-4 sessions of cognitive behavioral therapy (CBT) for patients with chronic pain, but does not support a longer course of treatment unless there is objective evidence of functional improvement following a trial of therapy. The amount of requested initial therapy is it consistent with MTUS recommendations." This IMR will address a request to overturn the utilization review decision. Decision: the patient participated in a comprehensive psychological evaluation April 29 2015 where was recommended that the patient have a course of 12 cognitive behavioral therapy sessions to help her psychological status and symptoms of depression and anxiety. It is unclear whether or not this treatment began at the time of current request for 8 sessions. All the provided medical records were carefully considered and reviewed and there was no indication in the provided medical records that the treatment has been started, therefore this request for treatment is considered to be a start of a new course of psychological treatment for the purposes of this review. However, it should be noted that the accuracy of this could not be definitively determined. Both the MTUS and the official disability guidelines recommend that when initiating course of psychological treatment that a brief initial treatment trial be conducted in order to demonstrate whether or not the patient is benefiting from the treatment. Subsequent to the initial brief treatment trial additional sessions may be authorized contingent upon the establishment of medical necessity includes documentation of patient benefit as a direct result of the treatment as well as including objectively measured functional improvement indices. There

is some discrepancy between the MTUS and the official disability guidelines in this respect. The MTUS guidelines recommend that the initial brief treatment trial consists of 3 to 4 sessions whereas the official disability guidelines recommend treatment course to consist of 4 to 6 sessions. Either way because this request is for 8 sessions it does not conform above stated guidelines and thus the medical necessity is not established on this basis per industrial guidelines. For this reason, the request is not medically necessary.