

Case Number:	CM15-0123765		
Date Assigned:	07/08/2015	Date of Injury:	01/24/2005
Decision Date:	08/07/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/29/2015

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 51 year old female who sustained an industrial injury on 01/24/2005. There was no mechanism of injury documented. The injured worker was diagnosed with lumbosacral degenerative disc disease, major depressive disorder, post-traumatic stress disorder, and bipolar disorder. Treatment to date has included psychiatric evaluation and medication management, psychotherapy treatment, psychiatric hospitalization and medications. According to the treating physician's progress report on May 12, 2015, the injured worker was evaluated for medication management and update of depression and previous suicidal ideation and hospitalization. A plan was developed with the injured worker and significant other. The evaluation noted the injured worker to have a slow steady gait. She appeared somewhat guarded and avoidant but more talkative than usual with adequate eye contact. Her speech was soft and affect was flat. The injured worker denied auditory/visual hallucinations and suicidal/homicidal thoughts. According to the report, the injured worker is totally disabled from any gainful employment. Current medications are listed as Latuda, Venlafaxine, Wellbutrin XL, Restoril and Alprazolam. Treatment plan consists of medication safety, increase outdoor activity and walking and the current request for cognitive behavioral therapy (CBT) six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, quantity: six (6) sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Psychotherapy Guidelines.

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 Official Disability Guidelines (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 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. A request was made for 6 cognitive behavioral therapy sessions; the request was non-certified by utilization review following provided rationale: "the claimant was injured 10 years ago and has most recently been treated with a functional restoration program, unknown number of psychotherapy sessions and medications... The most recent progress notes dated March 2015 indicate that the claimant was reporting paranoia and anxiety. The number of individual psychotherapy sessions that the claimant has participated in to date is not provided. Further, evidence of objective functional improvements as a result of Individual psychotherapy is not provided." 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 the provided medical records, the patient appears to be reporting very significant psychological clinical symptomology at a level

that has required recent emergency psychiatric inpatient hospitalization for psychiatric suicidal ideation and there is concern that she is posing a danger to herself. There are also medical records reporting periodic paranoid ideation that may be related to changes in psychotropic medication. It does therefore appear that continued psychiatric and psychological treatment is needed on degree of psychiatric symptoms. However, the provided medical records do not support the medical necessity of the request on an industrial basis because it does not meet the above criteria for continued treatment. The provided records do not discuss the quantity of treatment the patient has received to date. There is no indication provided whatsoever with regards to prior treatment session quantity or duration and that is of the three criteria upon which this request for additional treatment is based upon. Because there is no information regarding the patient's prior treatment history in terms of session quantity it is unclear if the total prior quantity of sessions combined with this request for six more would exceed the MTUS/official disability guidelines stated above. The official disability guidelines for psychological treatment (cognitive behavioral therapy) do allow for an extended course of treatment consisting of 50 sessions or up to one year of therapy in cases of very severe major depression or PTSD. Based on the provided medical records it does appear that the patient does meet the criteria for the extended amount of treatment. But in order for additional sessions to be authorized it would need to be demonstrated how much treatment she is already received on an industrial basis since the time of her injury. Because this could not be determined the medical necessity of this request was not established and therefore the utilization review determination is upheld and not medically necessary.