

Case Number:	CM15-0126834		
Date Assigned:	07/13/2015	Date of Injury:	12/22/2010
Decision Date:	08/10/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/30/2015

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 46 year old male who sustained an industrial injury on 12/22/10. The mechanism of injury is unclear. He continued to work 40 hours per week. He currently complains of pain in the right upper extremity that traveled from his right hand into the elbow and shoulder blades with a pain level of 7/10; he also feels depressed. His activities of daily living that involve physical exertion are limited due to pain such as lifting, dressing, and grooming. Medications are Nucynta, Pennsaid, Cymbalta, Seroquel, Lidoderm patches. Diagnoses include complex regional pain syndrome; adjustment disorder with mixed anxiety and depression. Treatments to date include pain medication; pain intervention; stellate ganglion blocks; physical therapy; home exercise program. On 6/3/15 Utilization review evaluated a request for cognitive behavioral therapy six to eight visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, 6-8 visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Cognitive Behavioral Therapy.

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 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 co-morbid 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 6 to 8 sessions of cognitive behavioral therapy. The request was non-certified by utilization review. The utilization review rationale for non-certification of the request was stated as: "there is no specific data regarding (the patient) depressive symptoms that he has major depression or a condition that would require a combination of multiple psychotropic medication and cognitive behavioral therapy. Given the lack of information the request for cognitive behavioral therapy is not consistent with treatment guidelines and is non-certified." According to a Psychiatric Agreed Medical Examination from February 23, 2015 the patient has not received any prior psychiatric or psychological treatment. It was noted that the patient has been diagnosed with the following: Adjustment Disorder With mixed Anxiety and Depressed Mood. It is noted that the patient is struggling with coping skills and at times has thoughts of wanting to just give up. Furthermore, it was noted that the patient requires psychiatric treatment on an industrial basis and should be treated by pain psychologist and should not be considered to be permanent and stationary until he has received this. The medical necessity of the request for cognitive behavioral therapy 6-8 sessions has been established by the provided medical records. The patient has been evaluated and was found to have an Adjustment Disorder with Depressed Mood. The patient has been found to have significant psychological sequelae in terms of coping with chronic pain that has resulted from his industrial related injury. Thus, he has been a properly identified candidate for psychological treatment. The request for cognitive behavioral therapy 6 to 8 sessions does slightly exceed the official disability guidelines recommendation for an initial treatment trial consisting of 4 to 6 sessions maximum. The initial treatment trial is recommended in order to determine patient benefit from treatment. In this case, an exception

can be made to allow this individual to start his psychological treatment despite the fact that the request slightly exceeds recommended guidelines for an initial treatment trial. The reason an exception should be made in this case is that he is experienced and inordinate amount of obstacles towards receiving psychological treatment over the past year. The medical appropriateness and necessity of the request has been established and therefore the utilization review decision is overturned.