

Case Number:	CM15-0128637		
Date Assigned:	07/15/2015	Date of Injury:	11/03/2014
Decision Date:	08/11/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	07/02/2015

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 62 year-old female who sustained an industrial injury on 11/03/14. She reported fear, anxiety, and insomnia after psychological injury. Diagnoses include anxiety disorder not otherwise specified with post-traumatic stress disorder. Diagnostic testing and treatments to date have included psychiatric evaluation, psychotherapy, and anti-anxiety medication. Currently, the injured worker complains of anxiety. Physical examination is remarkable for psychometric tension. She has responded well to psychotherapy. Current plan of care with goals include engaging in progressive approximation and desensitization to gradually regain ability to work at nights. Requested treatments include cognitive behavioral therapy x8 sessions. The injured worker is under temporary total disability. Date of Utilization Review: 06/13/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy x 8 sessions: Upheld

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

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 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. Decision: A request was made for cognitive behavioral therapy 8 sessions; the request was modified by utilization of the following provided rationale for its decision: 6 sessions of psychotherapy are medically necessary to help the claimant cope with her depression and anxiety symptoms cleaning crying spells, fear, and sleep problems. She has a diagnosis of an anxiety disorder which is known to respond to cognitive behavioral therapy. There is information that the claimant has changed providers and has received psychotherapy in the past. However no treatment notes from those past sessions (if they happened) are available. Therefore, the request for cognitive behavioral therapy 8 sessions is not medically necessary however a modification to prove 6 CBT sessions is medically necessary. This IMR will address a request to overturn the utilization review decision and allow for all 8 sessions. 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 psychological evaluation from January 15, 2015 patient has been diagnosed with an Adjustment Disorder with Anxiety and has been prescribed anti-anxiety medication by her personal physician. Received between 10 and 12 individual weekly cognitive behavioral therapy sessions. It was also noted that after the completion of those sessions that she be reevaluated for possible permanent and stationary status.

The provided medical records do not indicate how much prior treatment the patient has received. All of the provided medical records were carefully considered for this IMR. All requests for psychological treatment should be supported by documentation of the patient's psychological treatment including quantity and outcome. There were no treatment progress notes provided whatsoever from the psychologist or treating therapist regarding the patient's psychological treatment. There is no active treatment plan with stated goals and estimated dates of accomplishment. It is not clear how many treatment sessions the patient has received to date or what if any objectively measured functional improvements have occurred as a direct result of her psychological treatment. Without further information regarding the patient's psychological treatment the medical necessity of this request was not established. If these 8 sessions represent the beginning of a new course of psychological treatment then they exceed the MTUS and official disability guidelines for an initial brief treatment trial consisting of 3 to 4 sessions per MTUS protocol. If this is a request for additional sessions in an ongoing, already started, treatment (which appears most likely) then there is insufficient data regarding the outcome of the initial sessions to support further treatment. Because the medical necessity of this request is not established the utilization review decision is not medically necessary.