

Case Number:	CM15-0171349		
Date Assigned:	09/11/2015	Date of Injury:	08/26/2011
Decision Date:	10/13/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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 40-year-old male, who sustained an industrial injury on 08-26-2011. He has reported injury to the neck, low back, right hip, and right lower extremity. The diagnoses have included right leg pain, CRPS (complex regional pain syndrome); neck pain radiating to the head and arms; status post right hip surgery, November, 2011; major depression; mood disorder due to physical injury; anxiety; palpitations, and labile hypertension. Treatment to date has included medications, diagnostics, home exercise program, psychotherapy, and surgical intervention. Medications have included Suboxone, Gabapentin, Topamax, Soma, Metoprolol, Nortriptyline, Klonopin, Restoril, and Pantoprazole. A progress note from the treating physician, dated 07-31-2015, documented a follow-up visit with the injured worker. The injured worker reported that he continues to struggle with pain; he is interested in possibly trying some Nucynta after stopping the Suboxone altogether; he has seen his gastrointestinal specialist and it was determined that he had H. pylori, for which he is now on antibiotics; he rates his pain at about a 7 out of 10 in intensity; when he has had pain medications, it can bring the worst pain at a 10 out of 10, to a 5 out of 10 in intensity; and he is hoping that the Nucynta has a lower side effect as he did not like the way that the Suboxone made him feel. Objective findings included he continues in his wheelchair today; he is not holding any bags because of nausea today, "which is a good sign"; and he is very interested in trying some Nucynta, as "it may help with his nociceptive pain as well as neuropathic pain." A provider documented in a psychotherapy progress note, dated 01-03-2015, that the injured worker's "condition is severe, but small steps of functional improvement are noted"; the injured worker has completed 17 of the 18 sessions authorized, and

request for additional sessions of cognitive behavioral psychotherapy are requested to continue treatment. The treatment plan has included the request for cognitive behavioral psychotherapy 6 visits (bi-weekly, every other week). The original utilization review, dated 08-18-2015, non-certified a request for cognitive behavioral psychotherapy 6 visits (bi-weekly, every other week).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy 6 visits (Bi-weekly, every other week): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines August 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 psychotherapy, six visits (Bi- weekly every other week) was noncertified by utilization review which provided the following rationale for its decision: "the patient has utilized 12 sessions of cognitive behavioral psychotherapy the request is for six additional visits. The California guidelines recommend behavioral interventions with evidence of objective functional improvement a total of up to 6 to 10 visits over five weeks (individual sessions) are permitted. I spoke with [REDACTED] and the patient has attended 12 sessions with improvement in mood, depressed anger, better affect increased sense of responsibility, and is more independent. Functionally was noted that previously patient would require his life to propel the manual wheelchair, now he self-propels. Exceptional factors to continue cognitive behavioral psychotherapy not noted..." This IMR will address a request to overturn the utilization review decision for non-certification and approved six additional 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 primary treating physician progress report PR-2 from the patient's treating psychologist, January 17, 2015 the patient was diagnosed with: Major Depression; and Mood Disorder due to physical injury. The patient is noted to have depression that is severe, accompanied by outburst of anger, and is confined to a wheelchair. It is noted "patient has completed 17 of the total 18 sessions authorized." It is not clear how much psychological treatment the patient has received to date, the utilization review discussion of its rationale for non-certification mentions that the patient has received 12 sessions of psychological treatment where as a note from the treating and requesting provider mentions that the patient has received and utilized 17 of the total 18 sessions authorized. It is not clear whether there been prior authorizations for this is a cumulative total of all treatment provided. However, the utilization review used a citation from the MTUS regarding the total quantity of sessions allowable. In this case, the Official Disability Guidelines would be more applicable which allow a course of psychological treatment consisting of 13 to 20 sessions maximum. An exception is made in cases of very severe Major Depressive Disorder or PTSD to allow additional sessions up to a maximum of 50 with significant documentation of objectively measured functional improvement. In this case, the limited medical records that were provided reflect that the patient continues to report psychological symptomology at a clinically significant level, it also notes that the patient has been benefiting from psychological treatment and has been able to increase functioning such as independent mobility in his wheelchair. At this juncture additional treatment sessions are medically necessary and reasonable, and therefore the request for six additional sessions is approved. It should be noted that no further treatment sessions should be authorized, if requested and medically necessary, without a clear indication of all of psychological treatment sessions at the patient has received to date cumulatively.