

Case Number:	CM15-0171810		
Date Assigned:	09/14/2015	Date of Injury:	12/05/2013
Decision Date:	10/13/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/01/2015

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 43 year old female, who sustained an industrial injury on 12-5-13. The injured worker was diagnosed as having pain in joint of hand; reflex sympathetic dystrophy of upper limb; sleep disturbance not otherwise specified. Treatment to date has included physical therapy; chiropractic therapy; psychotherapy; cognitive behavioral therapy; medications. Diagnostics studies included EMG-NCV upper extremities (6-11-14). Currently, the PR-2 notes dated 7-21-15 indicated the injured worker was in the office for a follow-up appointment. She complains of right wrist pain and right hand pain. She has been diagnosed with reflex sympathetic dystrophy of right upper limb She reports her pain has been fluctuating over time rating the intensity as 2 over 10 per the provider's documentation. He notes her pain is characterized as cramping, throbbing, and deep pain mild. She report is aggravated by cold environment, doing excessive work keyboard typing and repetitive pinching. Relief is documented by heat, rest and a TENS unit. The provider documents she "currently does not take any pain medication" and then states "The patient is taking her medications as prescribed. She states that medications are effective." She reports she does use Lidopro. The only medication the provider lists in his documentation is: Lidopro 4% Ointment 4.5%-27.5%-0.0325% - 10%. She also reports her quality of sleep as "poor" with her pain level as increased since her last visit. On physical examination, he documents a normal gait; the wrist Phalen's sign is negative and there is pain with wrist extension and flexion. She has a negative Phalen's sign for the left wrist. His treatment plan includes for the injured worker to continue with cognitive behavioral therapy sessions in which she has 6 left. She is to complete her physical therapy and continue the TENS

unit that will help decrease the swelling due to increased use of her hands. A Request for Authorization is dated 8-29-15. A Utilization Review letter is dated 8-24-15 and non-certification was for an additional 8 cognitive behavioral therapy sessions. The Utilization Review non-certified the requested treatment(s) for not meeting the CA MTUS or ODG Guidelines. The provider is requesting authorization of 8 additional cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, 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 therapy, eight sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "this patient has a 1.5 year history of physical injury was associate emotional distress has been afforded the course of psychological treatment that already exceeds the industrial treatment guidelines maximum and has resulted in significant functional benefit." This IMR will address a request to overturn the utilization review

non-certification. 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. The medical necessity the requested treatment could not be established by the provided documentation to an unknown quantity of prior sessions. The total quantity of sessions that has been received to date by the patient was not clearly stated in the medical records. Prior utilization reviews and progress notes indicate the treatment may have started sometime around September 2014. The treatment progress note from the patient's primary treating physician from December 9, 2014 indicated she had completed her first set of cognitive behavioral therapy sessions and reported benefit from it. However the number of sessions that were included in the first sessions of CBT was not mentioned. There is an indication of 3 authorizations for prior sessions 24 total (10, 8, and 6) sessions in 2015. It could not be confirmed where these sessions were utilized or not. The psychological treatment progress report the patient's primary treating therapist was provided and dated August 20, 2015 and indicated significant benefit from prior sessions with a list of treatment goals that had been accomplished. The patient's diagnosis was reiterated as well as: Generalized Anxiety Disorder, Major Depressive Disorder, mild single episode an additional girls for continued cognitive behavioral therapy was recommended. On the physician's visit treatment progress note from the patient's primary therapist from August 21, 2015 there is an indication that the patient had completed session number seven of eight. This information is not a cumulative total of the total of the quantity of sessions provided but rather relative to the authorization itself and therefore and is not helpful in terms of making a determination of such. Continued psychological treatment is contingent upon the total quantity of sessions being consistent with MTUS guidelines unless a rationale for an exception is discussed. In this case it is not known how many sessions she has had but it appears to be a significant quantity that may exceed 24 sessions. The Official Disability Guidelines recommend a typical course of psychological treatment consists of 13 to 20 sessions for most patients contingent upon evidence of patient benefit from treatment including objectively measured functional improvement. The patient's diagnosis of mild Major Depressive Disorder does not meet the criteria for an extended course of psychological treatment which is reserved for cases of the most severe intensity of symptomology. At this juncture it appears the patient has received and exceeded the recommended treatment guidelines on an industrial basis for her injury and for this reason the medical necessity of additional treatment is not established per industrial guidelines. Therefore, the utilization review decision is upheld.