

Case Number:	CM15-0172505		
Date Assigned:	09/14/2015	Date of Injury:	11/05/2012
Decision Date:	10/13/2015	UR Denial Date:	08/04/2015
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 51 year old female, who sustained an industrial injury on November 05, 2012. The injured worker was diagnosed as having chronic pain syndrome, myofascial pain, neck sprain and strain, and cervicobrachial pain syndrome. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left shoulder, cognitive behavioral therapy, use of a walker, medication regimen, home exercise program, and x-rays of the bilateral wrists. Examination performed on June 29, 2015 revealed tearful and depressed affect, agitated motor activity, pressured speech, impaired judgment, cooperative attitude, intact attention, intact memory, and antalgic gait. On June 29, 2015 the treating psychologist noted that at least eight sessions of cognitive behavioral therapy was performed. On June 29, 2015 the treating psychologist noted that from the time of initiation of treatment the injured worker's "tolerance of work functions and activities of daily living, strength and endurance, and reliance on other forms of treatment" has remained unchanged. The treating psychologist also noted on June 29, 2015 that since the injured worker's previous visit her "somatic complaints, pain complaints, functional complaints, depression, and anxiety" has remained unchanged. On June 29, 2015 the treating physician requested four additional sessions of cognitive behavioral therapy with the treating psychologist noting that the injured worker has demonstrated "objective improvement". On August 04, 2015 the Utilization Review denied the request for cognitive behavioral therapy with a quantity of four 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: 4 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 (CBT) Guidelines for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Behavioral interventions. 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. A request was made for four sessions of cognitive behavioral therapy; the request was non-certified by utilization review following provided rationale: "the patient has already received eight cognitive behavioral therapy sessions. However, there is no evidence of progress or objective functional improvement. Cognitive behavioral therapy does not seem to be an effective treatment option for this patient." This IMR will address a request to overturn the utilization review decision of non-certification and approved for additional sessions of CBT. 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 treatment progress note from June 29, 2015, it was noted that since the prior treatment session "somatic

complaints of remain the same, pain complaints of remain the same, functional complaints of remain the same, depression has remained the same, and anxiety as remain the same. It was also noted that since starting treatment tolerance for work functions and activities of daily living as remain the same, strength and endurance have remained the same, and reliance on for forms of treatment (e.g. pain medications, physical therapy, injections, bracing) has remained the same." It is noted that per MTUS chronic pain guidelines the patient has demonstrated objective functional improvement as documented above and giving her response to an additional four sessions of cognitive behavioral therapy are warranted. However it does not appear that any improvement has taken place and the type of functional improvement is necessary in order to continue to provide psychological treatment. In the absence of documentation of patient benefit in terms of functional improvements additional psychological treatment is not supported on an industrial basis. For this reason the medical necessity and appropriateness of continued psychological treatment is not demonstrated in the provided medical records. Therefore utilization review decision for non-certification is upheld. Therefore the request is not medically necessary.