MAXIMUS Federal Services

Case Number:	CM15-0174050		
Date Assigned:	09/15/2015	Date of Injury:	09/07/2012
Decision Date:	10/20/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	09/04/2015

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 42 year old male, who sustained an industrial injury on 9-07-2012. The injured worker was diagnosed as having dysthymic disorder and pain in joint involving shoulder region. Treatment to date has included diagnostics, multiple shoulder surgeries, psychological treatment, and medications. Currently (7-23-2015), the injured worker complains of shoulder pain, rated 4 out of 10. It was documented that his medication use included a steady dose of Norco 5-325mg (average 4-5 pills per day) and this helped his pain "somewhat" but did not take care of his form pain and allow him to function fully. Other medications included Cyclo-benzaprine and Lexapro. He endorsed depression due to his "current situation" and chronic pain. He stopped taking Gabapentin due to daytime sedation and had not noticed a change in pain since stopping. Sleeping continued to be an issue, partially due to pain and partially due to ruminating on life changes since his injury. A review of symptoms was positive for lack of energy, lack of sexual desire, anxiety, panic attacks, depression, and inability to concentrate. Permanent and stationary status on a psychological basis was noted 1-20-2015, noting that restart of regular psychotherapy was not needed at that time but with a recommendation for another six psychotherapy sessions with exacerbation of symptoms. The current treatment plan included cognitive behavior therapy x6, as a way to give him coping skills to help control pain and sleep without medications, non-certified by Utilization Review on 7-31- 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT x 6: Upheld

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

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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. Decision: A request was made for six sessions of cognitive behavioral therapy; the request was non-certified by utilization review which provided the following rationale: "in addition to her (incorrect gender) orthopedic care, the claimant has been afforded psychological treatment, having received at least 10 sessions of cognitive behavioral therapy as a stand-alone treatment as well as psychological treatments administered as part of an approved multidisciplinary pain management program. There is now a request for an additional course of psychological treatment for sleep and pain management coping skills. As this claimant has previously been afforded this form of treatment and has been indoctrinated and educated pain coping skills, the necessity for additional courses of this treatment are not apparent and not supported by evidence-based guidelines." This IMR will address a request to overturn the utilization review decision. 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 note from January 20, 2015 from the patient's psychological treatment provider, it was stated that: "I first saw (the patient) on June 27, 2014 and found he suffered from a Depressive Disorder predominantly caused by the physical injury and particular accident September 7, 2012. I was assisted in the administration of the psychotherapy by my associate in this office. Psychotherapy procedures included cognitive, behavioral and supportive techniques. The patient and I now agree that psychotherapy can be brought to appropriate clothes that I can provide the parties with the final permanent and stationary report on psychological basis." No further details were provided regarding the prior psychological treatment in terms of quantity of sessions provided or specific outcomes that were achieved. The request for additional psychological treatment is contingent upon the establishment of medical necessity. The medical necessity of this request was not established by the provided documentation. There was insufficient documentation of medical necessity to restart therapy at this time. Psychological treatment progress notes from his prior psychological treatment were not provided. Requesting provider did not detail the reason to restart therapy with sufficient rationale. The prior treatment course in terms of session quantity is unknown, and therefore it is not known whether or not this request would exceed the recommended treatment guidelines on an industrial basis. For these reasons the medical necessity the request is not medically necessary.