

Case Number:	CM15-0174297		
Date Assigned:	09/16/2015	Date of Injury:	06/01/2013
Decision Date:	10/20/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/03/2015

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 male, who sustained an industrial-work injury on 6-1-13. He reported initial complaints of neck and back pain. The injured worker was diagnosed as having chronic pain syndrome, post-laminectomy syndrome of cervical region. Treatment to date has included medication, diagnostics, and CBT (cognitive behavior therapy). Currently, the injured worker complains of continued increase in pain related to his chronic pain condition and also complaints of tiredness. Workouts had improve function with need for internal motivation. Current work status is temporarily totally disabled. Urine drug screen was positive for Oxycodone, Noroxycodone, and Oxymorphone. Per the primary physician's progress report (PR-2) on 7-28-15, exam notes lethargic appearance, dysthymic affect, intact thought process, with not meeting criteria for involuntary detention. Treatment gains to date include 100 percent decreased suicidal ideation and 65 percent depressed ideation, active independent participation in at home restorative exercises for chronic pain condition, increased self-confidence and self-esteem, decreased pain, increased acceptance of chronic condition, attempts to re-engage in life and independent function, and decreased reliance on passive medial intervention. Current plan of care includes continue CBT (cognitive behavior therapy) treatment and to decrease maladaptive cognitions and behaviors that continue to interfere with treatment and recovery. The Request for Authorization date was 8-5-15 and requested service included Cognitive behavioral therapy, 10 sessions. The Utilization Review on modified-denied the request for Cognitive behavioral therapy, 6 sessions for reason since there was documentation of effectiveness, per CA MTUS

(California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, 10 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): 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) 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 for 10 additional sessions of CBT was made and was modified by UR with the following rationale provided for its decision: "Based on currently available information, the medical necessity for cognitive therapy has been established, and therefore, is modified for six sessions. Future such authorizations will require documented objective evidence of derived functional benefit." 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. The provided medical records reflect that the patient has been participating in cognitive behavioral therapy, they reflect also that the patient continues to report psychological symptomology the clinically significant level necessitating continued treatment. The provided medical records also reflect that the patient has been benefiting from the psychological treatment that he is received with functional improvements. The provided medical records do not state specifically how much treatment the patient has received in terms of quantity of sessions. Session treatment quantity is discussed on the treatment progress notes but the information is provided relative to the authorization rather than the total cumulative quantity of sessions provided (e.g., session number 5 (used) of 12 (authorized)). Requests for psychological treatment should be consistent with recommendations made in the official disability guidelines, which signify 13 to 20 sessions is recommended treatment course. Without knowing how many sessions the patient has been provided it was not possible to determine whether or not the request for 10 sessions exceeds or falls within those guidelines. Therefore, the request is not medically necessary and utilization review modified decision to allow for six sessions is upheld.