

Case Number:	CM15-0177042		
Date Assigned:	09/17/2015	Date of Injury:	11/15/2008
Decision Date:	10/20/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/09/2015

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 54-year-old female who sustained an industrial injury on 11-15-2008. She reported injury to her low back and shoulders. According to a progress report dated 05-27-2015, primary pain was located in the low back and radiated to the lower extremities. MRI was reviewed and showed one level L5-S1 disc herniation. She was not a candidate for any pain injections. The provider was unable to get a good history regarding her injury. The injured worker reported being treated by a psychiatrist before in the past but was not on any medications. Partial physical examination was performed but discontinued due to the injured working being too emotional and depressed. Assessment included severe depression (primary problem), lumbar strain and one level lumbar spine disc herniation. The treatment plan included referral to named provider, referral for treatment by a psychiatrist and topical pain cream for back pain. According to a progress report dated 08-03-2015, the injured worker reported isolation, agitation, anger, anxiety, intrusive thought, avoidance, nightmares, panic attacks, loss of energy, fatigue, loss of interest, excessive sadness, emotional pain, hopelessness, guilt and problems with attention, concentration and memory and changes in eating habits (increased eating with no weight gain). There were no reports of hallucinations or delusions. The injured worker was not suicidal or homicidal. She reported no illicit drug use and did not smoke or drink alcohol. She refused to take psychotropic medication, but was motivated for treatment. The provider noted that the injured worker had psychotherapy in 2010, "which was helpful". Psychometric testing with PHQ9 test demonstrated moderate depression. Diagnosis included major depressive disorder recurrent episode. The treatment plan included 4 sessions of cognitive behavioral therapy. An authorization request dated 08-06-2015 was submitted for review. The requested services included 4 sessions of cognitive behavioral therapy. On 08-12-2015, Utilization Review non-certified the request for cognitive behavioral therapy #4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy # 4: Overturned

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

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) recommends 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 cognitive behavioral therapy four visits; the request was non-certified by utilization review with the following provided rationale: "There is a PR-two progress report from psychologist [REDACTED] dated August 3, 2015 indicating that the patient has had prior psychotherapy for this injury in 2010; the scope and benefit of that input is not indicated. [REDACTED] diagnosed the patient with major depression on the basis of preclinical review and psychological testing and recommended a four visit course of psychotherapy. Thus, worker with 6.5 history of physical injury with associated emotional distress who has already been provided psychological treatment for the current injury, but the scope and benefit of that treatment is unknown..." 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 primary treating physician PR-2 from May 27, 2015, under the category of assessment: "severe depression; this is the primary problem. Patient needs

to see a psychiatrist and get more treatment for depression. It is not a candidate for any pain injections. MRI reviewed and only showing one level LV S1 disc herniation. AME reports given no treatment recommendations. Treatment plan: refer for patient to get treated by psychiatrist unclear why this treatment was discontinued, recommend referral to [REDACTED], nothing further to offer from pain perspective at this time, recommend a topical pain cream for her back pain, no follow-up needed." Patient was reported to be emotional and tearful. According to a primary treating physician progress report from August 3, 2015, the patient is recording "isolation, agitation, anger, anxiety, intrusive thoughts, avoidance, nightmares, panic attack, loss of energy, fatigue, and several other psychological symptoms." There is insufficient information regarding the patient's prior psychological treatment, however it appears to have taken place in 2010 although this could not be confirmed definitively. Additional information regarding prior psychological treatment is needed. However, the request for four psychological sessions appears to be reasonable from a medical perspective and appropriate at this juncture for this patient. Further sessions, if requested and medically appropriate, should not be authorized without detailed information regarding the patient's prior psychological treatment including quantity, duration and outcome. These four sessions can be used to stabilize the patient from a psychological perspective and compile information regarding her prior psychological treatment. Therefore, the medical necessity of requested services has been established and utilization review decision is overturned.