

Case Number:	CM15-0177273		
Date Assigned:	09/18/2015	Date of Injury:	04/09/2012
Decision Date:	11/17/2015	UR Denial Date:	08/17/2015
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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 62 year old female, who sustained an industrial injury on 04-09-2012. She has reported subsequent neck, head, right shoulder and low back pain and was diagnosed with status post head injury with post-concussive syndrome, post-concussive headaches and dizziness, cervical strain, sprain and myofascial pain, right shoulder strain and sprain, chronic pain syndrome, psychological factors affecting medical condition, severe major depression and major depressive disorder, severe. Treatment to date has included medication and psychotherapy sessions. In a secondary treating physician's progress note dated 04-17-2015, the injured worker was noted to be undergoing cognitive behavioral therapy, which was to continue. It's unclear as to how many sessions were received. In a neurobehavioral clinic note dated 05-06-2015, the physician noted that the injured worker had demonstrated good progress with the initial course of therapy and requested authorization for 8 more psychotherapy sessions. In a 07-10-2015 progress note, review of systems was positive for depression anxiety, stress and inability to sleep. Objective findings showed a depressed mood, slow speech and occasional tearfulness. The physician indicated that the injured worker was unsure if counseling was helping. In a progress note dated 08-06-2015, the injured worker reported head, neck and right shoulder pain. Neck and head pain was rated as 7-9 out of 10. The review of systems was noted to be positive for depression, anxiety, stress and inability to sleep. Objective examination findings revealed depressed mood, slow speech, occasional tearfulness, diffuse tenderness, muscle spasm and decreased painful range of motion. The injured worker was noted to be off work. Documentation shows that that injured worker had received 15 counseling sessions to date. It's

unclear as to whether these counseling sessions involved the use of cognitive behavioral therapy. A request for authorization of cognitive behavioral therapy for 6 sessions was submitted. As per the 08-17-2015 utilization review, the request for cognitive behavioral therapy for 6 sessions was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy for 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Stress/Mental, Cognitive Behavioral Therapy.

Decision rationale: It is noted that the claimant was injured 3 years prior. There were past psychotherapy sessions, but the objective, functional improvement, and the number of sessions attempted, are unknown. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in the Stress/Mental section. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psychotherapy). (Paykel, 2006) (Bockting, 2006) (DeRubeis, 1999) (Goldapple, 2004) It also fared well in a meta-analysis comparing 78 clinical trials from 1977 -1996. (Gloaguen, 1998) In another study, it was found that combined therapy (antidepressant plus psychotherapy) was found to be more effective than psychotherapy alone. (Thase, 1997) A recent high quality study concluded that a substantial number of adequately treated patients did not respond to antidepressant therapy. (Corey-Lisle, 2004) ODG Psychotherapy Guidelines: Initial trial of 6 visits over 6 weeks. With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). There were past psychotherapy sessions, but the objective, functional improvement, and the number of sessions attempted, are unknown. Without documented, functional, objective improvement out of past treatment, additional care is not certifiable under MTUS. The request is non-certified.