

Case Number:	CM15-0177981		
Date Assigned:	09/18/2015	Date of Injury:	01/06/2011
Decision Date:	10/21/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/10/2015

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 52 year old male who sustained an industrial injury on January 06, 2011. A recent progress note dated August 24, 2015 reported subjective complaint of "pain continues to increase in his low back" and that he experiences "pain and numbness in his legs." He is also with increased anxiety and agitation secondary to the pain along with difficulty sleeping. The following diagnoses were noted applied this visit: chronic pain syndrome associated with both psychological factors (severe depression and anxiety) and a general medication condition, and depressive disorder, anxiety disorder. The plan of care is with recommendation for additional cognitive behavioral therapy sessions along with pain management group therapy sessions. Previous follow up pain management visit dated July 2015 is noted with standing recommendation for additional cognitive behavioral therapy sessions and pain management group therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional 12 individual cognitive behavioral therapy (CBT) sessions once a month:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Behavioral Interventions.

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. A request was made for an additional 12 individual cognitive behavioral (CBT) sessions once per month; the request was non-certified by utilization review which provided the following rationale for its decision: "There was no indication that CBT was helpful; and no formulation or detailed treatment plan to know how additional CBT (whether individual or group) will be helpful. The request for 12 monthly (CBT) visits is not certified. The request for 12 group psychotherapy sessions is also not certified. Peer to peer discussion has not been achieved despite calls to MDs office." 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 medical necessity the requested treatment is not established by the provided documentation in the medical records. Although several psychological treatment progress notes were found for this review and considered carefully, they did not contain any information with regards to how much treatment the patient has received to date. Continued psychological

treatment is contingent upon the total quantity of sessions being requested been consistent with MTUS guidelines. It could not be determined whether the request for 12 additional sessions would fall within or exceed the recommended quantity of treatment per industrial guidelines because the total prior quantity of treatment is not reported. In addition, this request is for 12 sessions to be held one time per month, which would be the equivalent of one year of treatment. The official disability guidelines note that the therapist is required to monitor progress during the course of treatment. A one-year course of treatment exceeds the recommended guidelines for duration to be authorized all at one time. In addition, there is insufficient documentation of objectively measured functional improvement as a direct result of prior treatment. The treatment progress notes were provided do detail continued significant patient psychological symptomology at a clinically significant level. However, there was no discussion of patient benefit from prior treatment sessions. It is not to say that no benefit has been gained only that none was reported in the provided documentation. No comprehensive treatment plan was found with regards to this request for additional sessions including stated goals and estimated dates of accomplishment of those goals. For these reasons, the medical necessity the requested treatment is not supported on an industrial basis per industrial guidelines and therefore the utilization review decision for non-certification is upheld. This is not to say that the patient does, or does not need further psychological treatment, only that the medical necessity of this particular request as provided is not supported with sufficient documentation to clarify whether or not it is consistent with industrial guidelines.

Concurrent group sessions x12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Group Therapy, August 2015 update.

Decision rationale: According to the Official Disability Guidelines, Group therapy is recommended as an option, Group therapy should be provided in a supportive environment in which a patient with Post Traumatic Stress Disorder (PTSD) may participate in therapy with other PTSD patients. Welcome treatment should be considered for patients with PTSD, current findings do not favor any particular & of group therapy over other types. See also PTSD psychotherapy interventions. A request was made for concurrent group sessions x 12; the request was non-certified by utilization review which provided the following rationale for its decision: "There was no indication that CBT was helpful; and no formulation or detailed treatment plan to know how additional CBT (whether individual or group) will be helpful. The request for 12 monthly (CBT) visits is not certified. The request for 12 group psychotherapy sessions is also not certified. Peer to peer discussion has not been achieved despite calls to MDs office." This IMR will address a request to overturn the utilization review decision. The rationale for providing concurrent group psychological treatment is not discussed in the provided medical records. There is no clear stated rationale reason for this request in addition to individual cognitive behavioral therapy sessions. The MTUS guidelines are silent with regards to the use of psychological treatment however the official disability guidelines do recommend the use of

group psychotherapy treatment for patients with PTSD. There is no diagnosis of PTSD for this patient reported in the documents provided for consideration. As mentioned in the above discussion regarding the request continue cognitive behavioral therapy, medical necessity the request is not supported, the same reasons applied to this request. Therefore, the utilization review decision is not medically necessary.