

Case Number:	CM15-0178360		
Date Assigned:	09/18/2015	Date of Injury:	03/04/2013
Decision Date:	10/23/2015	UR Denial Date:	09/03/2015
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 60 year old female, who sustained an industrial injury on 03-04-2013. She has reported injury to the bilateral wrists. The injured worker has been treated for carpal tunnel syndrome; pain psychogenic; lateral epicondylitis; depression; pain in joint shoulder, bilateral; cervicobrachial syndrome; and cervical spondylosis without myelopathy. Treatment to date has included medications, diagnostics, splinting, activity modifications, cognitive behavioral therapy, physical therapy, and surgical intervention. Medications have included Ibuprofen. Surgical intervention has included bilateral carpal tunnel release. A progress report from the treating provider, dated 08-06-2015, documented a follow-up visit with the injured worker. The injured worker reported continued bilateral wrist upper extremity complaints including her forearms, elbows, and shoulder particularly on the right side; the pain is made worse with repetitive use and posture; and she is not using any medication currently because medication typically caused her to be quite groggy and sleepy. Objective findings included decreased bilateral grip strength secondary to breakaway pain; she wears bilateral hand splints; she has a well-healed surgical scar on the left hand; and she has tenderness and pain in the left wrist and fingertips. A progress report from another treating provider, dated 08-21-2015, documented a follow-up visit with the injured worker. Currently, the injured worker has significant symptoms of anxiety and depression; and her cognitive behavioral therapy has proved very effective in mitigating many of her symptoms and allowing her to remain as independent as possible. The provider included that she is making excellent use of the treatment, however, residual symptoms remain and are debilitating; and these symptoms include significant symptoms of depression and anxiety with not only mood disturbance but also sleep difficulties. The provider is requesting six additional sessions of cognitive behavioral therapy with the specific goal of helping her to

develop skill sets to better cope with these symptoms, remain as independent as possible, and reduce her dependence of passive modalities. The treatment plan has included the request for follow up visits with psychologist, 6 visits (cognitive behavioral therapy). The original utilization review, dated 09-03-2015, non-certified a request for follow up visits with psychologist, 6 visits (cognitive behavioral therapy).

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits with Psychologist, 6 visits (cognitive behavioral therapy): Upheld

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

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 6 additional sessions of cognitive behavioral therapy "with the specific goal of helping the patient to develop skill sets to better cope with the symptoms, remain as independent as possible, and reduced her dependence of passive modalities. We have been treating her with cognitive behavioral therapy, which has proved very effective in mitigating many of her symptoms and allowing her to remain as independent as possible. She is making excellent use of the treatment; however, residual symptoms remain and are debilitating including significant symptoms of depression and anxiety with not only mood disturbance but also sleep difficulties." This request was non-certified by utilization review which provided the following rationale: "Without evidence of functional improvement with the initial trial, additional visits are not warranted." This IMR will address a request to overturn the utilization review decision of non-

certification. According to a date of service report from July 27, 2015 it is noted that: "the patient has seen clinical psychologist [REDACTED] for psychological evaluation and ongoing cognitive behavioral therapy. She is noted to have developed severe symptoms of anxiety and depression which are compensable consequence of her original accepted injury. She is noted to have some success utilizing cognitive behavioral strategies to effectively manage her symptoms and maintain her level of independence as well as reduced dependency on passive modalities. However she is noted to have residual symptoms consistent with her difficulty with sleep and mood and depression." According to date of service from April 24, 2015 from the requesting provider it is noted that: "we are treating her with ongoing CBT, which has proved to be effective in helping her develop skills to better manage her symptoms of anxiety and depression and reducer dependency on passive modalities. She is making good use of the CBT techniques. We will continue to work with this patient to increase her independence." According to a psychological evaluation date of service November 10, 2014 it is noted that: "she has been undergoing psychotherapy with [REDACTED] Psy, D." It appears that she has received individual and biofeedback treatments from this provider. 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 of 6 cognitive behavioral psychotherapy sessions is not established by the provided documentation for the following reasons: the total quantity of sessions at the patient has received to date is not known. The MTUS and Official Disability Guidelines recommend a typical course of treatment consisting of 13 to 20 sessions. It appears likely the patient has exceeded this quantity of sessions, however could not be determined definitively. The request for 6 additional sessions would very likely result in exceeding the recommended guidelines for treatment session quantity. The provided medical records do report the patient benefiting from treatment, however there is no objectively measured functional indices of functional improvement provided. Treatment progress is discussed in subjective terms without quantifiable measured indices of improvement. Treatment progress is repeated without substantial change noted from a period of time lasting several months. For these reasons, the medical necessity is not established and utilization review decision is upheld.