

Case Number:	CM15-0178445		
Date Assigned:	09/25/2015	Date of Injury:	03/25/2011
Decision Date:	11/02/2015	UR Denial Date:	08/13/2015
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 50 year old male, who sustained an industrial injury on March 25, 2011. He reported right shoulder, elbow and arm pain after lifting a heavy object. The injured worker was diagnosed as having major recurring depression, rotator cuff syndrome, sprain and strain of the shoulders and upper arms and status post-surgical interventions of the bilateral shoulders. Treatment to date has included diagnostic studies, radiographic imaging, surgical intervention of the bilateral shoulders (right shoulder: 9-2012 and left shoulder: 4-2014 and 3-2015), physical therapy (8-9 sessions), psychotherapy (6 sessions), bilateral injections to the shoulders, acupuncture, medications and work restrictions. It was noted he was totally disabled and had last worked in July of 2011. Currently, the injured worker continues to report neck pain, bilateral shoulder pain, elbow pain and arm pain with right hand numbness and associated depression, anxiety, nervousness and sleep disruptions. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. Evaluation on February 27, 2015, revealed the injured worker had been frustrated and "feels as if he has tried everything". It was noted he had started drinking alcohol. It was also noted he tries to walk and to exercise. His affect was noted as sad. Evaluation on July 10, 2015, revealed an anxious and depressed mood, calm motor activity and normal speech. It was noted his affect was appropriate, constricted and depressed. It was noted he had not refilled his medications although they were certified. It was noted he was trying not to drink alcohol. Medications were continued. Evaluation on July 23, 2015, revealed continued pain as noted rated at 7 on a 1-10 scale with 10 being the worst. It was noted he was no longer using alcohol to sleep. The RFA included a request for Additional CBT (cognitive behavioral

therapy) over 3 months and was non-certified on the utilization review (UR) on August 13, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional CBT (cognitive behavioral therapy) over 3 months: Upheld

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

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: Citation Summary: 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 additional cognitive behavioral therapy over three months; the request was non-certified by utilization review which provided the following rationale for its decision: "(The patient) has completed six recent psychotherapy sessions for a diagnosed major depression and pain disorder. There is no initial psychological evaluation the file, so the scope of treatment to date is unknown. [REDACTED] reports that (the patient) depression and activity level of improvement psychological input. The available clinical documentation is insufficient to ascertain the scope of treatment to date and whether the patient has already been afforded the industrial maximum course of psychotherapy." This IMR will

address a request to overturn the utilization review decision. According to a PR-two progress report from September 8, 2015, the patient is noted to have received significant subjective and objective improvement in psychological symptoms as a result of treatment. Psychological symptomology is noted to be continued and there is a request for additional sessions on the basis that "continue surgical procedures have aggravated his pre-existing PTSD (non-industrial) so that his PTSD is now problematic as a result." 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 letter from the patient's provider of psychological treatment, disputing the utilization review determination is noted that the patient has "had a total of 27 psychotherapy sessions since June 2014." It is further reiterated that the patient has benefited from treatment with functional improvement. His diagnosis was described as Major Depressive Disorder of moderate severity as well as a Pain Disorder associated with both psychological factors and a General medical condition. Additional psychological treatment notes were provided. The provided medical records indicate that the patient has received the recommended maximum course of psychological treatment for an industrial injury on an industrial basis. The official disability guidelines recommend 13 to 20 session's maximum for most patients. Although there is an exception that can be made in cases of the most severe symptoms of Major Depressive Disorder and PTSD, the provided documentation does not reflect that this would apply to this patient. Moreover, the total quantity of treatment the patient has received is not known. It is clearly stated that the patient has received 27 psychotherapy sessions since June 2014, however the patient was injured in 2011 and the amount of treatment provided between 2011 and 2014 is not stated. The issue of patient benefit from treatment was more than adequately established by the provided documentation. This is not to say that the patient does not need continued psychological treatment, however it does appear that such treatment is not supported on an industrial basis given that he has already received a full course of psychological treatment. It does appear that he has received at the very minimum seven sessions more than the recommended maximum quantity recommended by the industrial guidelines. Therefore, the medical necessity for the request is not established on the basis of excessive quantity and the utilization review decision is upheld.