

Case Number:	CM15-0064878		
Date Assigned:	04/10/2015	Date of Injury:	09/16/2008
Decision Date:	05/14/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/06/2015

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 59-year-old female with an industrial injury dated September 16, 2008. The injured worker diagnoses include somatic symptom disorder, predominant pain, persistent severe insomnia disorder secondary to pain disorder, depressive disorder due to her other medical conditions, chronic pain state with diabetes type 2, hypertension, GERD , irritable bowel syndrome, dyslipidemia, chronic headaches, obesity, depression and anxiety. She has been treated with pain management therapy. According to the neurological consulting physician's supplemental report dated 01/23/2015, the treating physician recommended a behavioral health intervention program for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Behavioral Health Intervention Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation

ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 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) allow a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: A request was made for "Behavioral Health Intervention Program" (unspecified quantity and duration). The request was partially certified/modified by utilization review to allow for a quantity of 4. The provided rationale by utilization review stated that: "in this case, the Agreed QME Report supports the medical necessity of the requested treatment. As such the medical necessity of behavioral health intervention program (cognitive behavioral therapy), quantity 4 is established partial certification is recommended." It is not entirely clear what is in dispute in this case. The distinction appears to be between the request for an unspecified quantity and duration of behavioral health intervention program and the utilization review modification, which allowed for 4 sessions of the same. According to the MTUS guidelines and initial treatment, trial shall be conducted consisting of 3 to 4 sessions in order to determine patient's responsiveness to the program before further sessions can be authorized. A total of 13 to 20 sessions is recommended for most patients is a typical course of psychological treatment although in some cases of severe psychopathology additional sessions can be offered documentation of patient benefit. Provided medical records were insufficient in order to demonstrate the medical necessity of the requested procedure. Less than 20 pages were received of medical records. There was very little psychological information provided regarding this patient's treatment needs. Unspecified quantity and duration of psychological treatment cannot be authorized at the independent medical review level, as it is the equivalent of open ended and unlimited treatment. Because there was insufficient documentation to establish medical necessity and because the request is unspecified for quantity the medical necessity of this request is not established. Because the request is not medically necessary, the utilization review determination is upheld.