

Case Number:	CM15-0067209		
Date Assigned:	04/14/2015	Date of Injury:	05/03/1985
Decision Date:	05/28/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/08/2015

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 62-year-old male, with a reported date of injury of 05/03/1985. The diagnoses include major depressive disorder secondary to general medical condition. Treatments to date have included psychiatric treatment 2-3 times. The medical report dated 02/25/2015 indicates that the injured worker's chief complaint was depression. The injured worker stated that he had been depressed for many years. He also stated that the reason for the depression was because he could not do anything. The injured worker had been in severe back pain. He did not want to be around people and did not talk to others. It was noted that the injured worker felt very uncomfortable when he was in a group of people and he could not talk to others. He did not enjoy much and had feelings of hopelessness and helplessness. The mental status examination showed use of a cane; tearful; good eye contact; no suicidal ideations, homicidal ideations, or auditory or visual hallucinations; fair cognition, insight, and judgment; ability to do good abstractions and good calculations; and an average fund of knowledge. The treating physician requested twelve cognitive behavioral therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY 12 VISITS, ONCE A WEEK FOR 12 WEEKS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation 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: 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 12 sessions of cognitive behavioral therapy, the request was non-certified by utilization review. The utilization review rationale for non-certification of the request was provided as follows: "he may benefit from cognitive behavioral therapy. However the guidelines indicate that there must be evidence of at least 4 weeks of lack of progress from a physical modality with the physician providing a fear avoidance beliefs questionnaire from addressing any risk factors for delayed recovery. Additionally the patient has undergone prior psychiatric treatment with no indication as to the outcomes. Therefore, without evidence of response to previous psychiatric therapy, no recent conservative modalities and with the request exceeding the initial trial of 3 to 4 psychotherapy visits over 2 weeks, the request is"(non-certified) This IMR will address a request to overturn that decision. The utilization review rationale for non-certification has several inaccurate statements. There is enough support in the medical records to indicate the appropriateness and medical necessity of the request. See primary treating physician report February 25, 2015 for a discussion of the patient's depression and need for psychological treatment. In addition, the patient has had more than 4 weeks of a lack of progress from physical medicine and although a fear avoidance beliefs questionnaire was not utilized, there is sufficient documentation of a lack of progress. However, the request that was submitted for IMR consideration is for 12 sessions. The MTUS treatment guidelines specifically state that an initial treatment request should consist of 3 to 4 sessions as a brief treatment trial. Subsequent to the completion of the brief

treatment trial additional sessions may be appropriate contingent upon medical necessity and most importantly documentation of objectively measured functional indices of improvement/patient benefit from the brief treatment trial. Because this request is for 12 sessions it ignores the need for a initial treatment trial. For this reason the medical necessity the request is not established and therefore the utilization review determination is upheld. The request is not medically necessary.