

Case Number:	CM15-0091815		
Date Assigned:	05/18/2015	Date of Injury:	12/14/2009
Decision Date:	06/18/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/12/2015

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 61-year-old female who sustained an industrial injury on 12/14/2009. Diagnoses include major depressive disorder, recurrent with moderate severity and pain disorder associated with psychological factors and general medical condition, post-traumatic stress disorder-chronic, and in partial remission and sleep disorder due to chronic pain syndrome. In addition she has diagnoses of CRPS of the left upper extremity, pain related insomnia, and situational depression and anxiety. Treatment to date has included diagnostic studies, stellate ganglion block with an adverse response manifested by respiratory distress, psychotherapy, and medications. Medications include Norco, Lyrica, Amitriptyline, and Betamethasone. A physician progress note dated 04/29/2015 documents the injured worker brought a psychiatric AME re-evaluation done on 03/17/2015. Diagnoses documented from that examination include major depressive disorder, recurrent with moderate severity and pain disorder associated with psychological factors and general medical condition, post-traumatic stress disorder-chronic, and in partial remission and sleep disorder due to chronic pain syndrome. On examination of the left upper extremity there is hyperesthesia extending from the left shoulder to the left elbow. Range of motion of the left shoulder is moderately reduced with forward flexion and abduction. There is allodynia extending from the left elbow to the left hand diffusely. The left wrist and hand are erythematous and swollen compared to the right. She has contractures of all digits. She is unable to achieve full extension in all the fingers. Her right upper extremity has tenderness present at the palmar aspect of the right wrist. The injured worker has difficulty tolerating Tinel's and Phalen's testing due to pain, although it appears that the testing was negative. Treatment plan is

for weekly psychotherapy in conjunction with antidepressant, as well as anxiolytic medication, and consideration of an SSRI antidepressant. Treatment requested is for Cognitive Behavioral Therapy, 2 times a month for 3 months Qty 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, 2 times a Month For 3 Months Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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 cognitive behavioral therapy, 2 times a month for 3 months for a total of 6 sessions; the request was modified by utilization review to approve 4 session with the following provided rationale: " 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 session including objectively measured functional improvement. The medical records provided for consideration for this review

do not establish the medical necessity of the requested treatment. It is unclear how much prior psychological treatment the patient has received already to date. The total quantity and duration of prior psychological treatment is unknown. The patient appears based on medical records to have received a considerable amount of psychological treatment for PTSD and delayed recovery of her chronic pain condition. The official disability guidelines recommend a typical course of psychological treatment consisting of 13 to 20 sessions maximum. In certain cases of severe major depression/PTSD, additional sessions may be warranted based on establishment medical necessity and evidence of significant patient benefit including objectively measured indices of improvement. The provided medical records indicate that the patient does have a diagnosis of PTSD and major depression but because the total quantity of sessions and duration of treatment that she is already received is unknown, but appears to be considerable, the medical necessity the request was not established therefore the utilization review determination is upheld. This request is not medically necessary.