

Case Number:	CM15-0094434		
Date Assigned:	05/21/2015	Date of Injury:	10/05/1994
Decision Date:	06/24/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/18/2015

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 53-year-old male injured worker suffered an industrial injury on 10/05/1994. The diagnoses included insomnia, depression and anxiety. The injured worker had been treated with medications. On 4/7/2015 the treating provider reported agitated, irritable with restricted affect. He reported he was worried about upcoming surgery and persistent pain. The treatment plan included Cognitive behavioral therapy and relaxation training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy and relaxation training: 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. Pages 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 co-morbid 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: The request is made for cognitive behavioral therapy and relaxation training the quantity of sessions being requested was non-specified on the request itself. Although the quantity of sessions requested was clarified as being for in the utilization review, it needs to be specifically stated on the application for IMR. Utilization review did not certify the request for 4 additional sessions of cognitive behavioral therapy and relaxation training the following rationale provided: "in this case the patient has been under psychiatric and psychological treatment for anxiety and depression since at least May 2013. Per the QME report, is also noted that the patient began cognitive behavioral therapy and relaxation training in October 2013 and has been having treatment since. At this time, there is no documentation of any significant change in the patient's clinical presentation and an unknown amount of treatment has been completed to date; however, after year and a half of cognitive behavioral therapy, it would be presumed that the patient would have learned sufficient coping skills at this juncture. At this time with no evidence of significant change to indicate the need for additional treatment above and beyond the guideline recommendations, medical necessity is not been established." This IMR will address a request to overturn the utilization non-certification decision. 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. According to the most recent provided psychological treatment progress note PR-2 from the patient's primary treating psychologist, the patient continues to have symptoms of depression with anxiety due to upcoming risks of the consultant surgery and is experiencing anger, anxiety, irritability and worry about persistent pain. The treatment progress note, dated April 7, 2015, does not reflect or discuss any progress from prior treatment sessions nor does the progress note provide any information regarding how many sessions the patient has received to date, there is no active treatment plan regarding specific treatment goals and estimated dates of expected accomplishment of those goals. The provided medical records do not establish the medical necessity the requested procedure. There were insufficient documents with regards to the patient's prior psychological treatment to establish that the patient is benefiting from the treatment that is being provided nor is there sufficient information regarding the total quantity of sessions at the patient has received to date and whether or not the request for additional sessions is consistent with MTUS/official disability

guidelines. For this reason the medical necessity the request was not established and therefore the utilization review determination for non-certification is upheld.