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| Case Number: | CM14-0143049 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 09/13/2007 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/06/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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. The expert reviewer is licensed in Psychology and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male with a reported date of injury on 09/13/2007. The injury reportedly occurred when the injured worker was removing roots with a pick and when he tried to pull on the roots, pulled a muscle in his back. His diagnoses were noted to include depression and anxiety. His previous treatments were noted to include cognitive behavioral therapy. The progress note dated 10/31/2013 revealed cognitive behavioral psychotherapy had helped with the injured worker's depression, anxiety, and insomnia. The provider indicated that along with reduction in depressive symptoms, there were improvements in the injured worker's social functioning. He was able to get better along with and interact appropriately with others because he had become less emotionally withdrawn and insecure. The injured worker had become less impatient and short tempered. The injured worker experienced a reduction in his symptoms of anxiety and in his jumpiness and inability to relax. The provider indicated the counseling helped control those symptoms. The provider indicated there was an increased interest in daily activities such as shaving, dressing appropriately, and working around the house. The injured worker felt better after attending therapy and had become more active. The injured worker indicated despite the psychological improvement, the injured worker still remained highly symptomatic with residuals requiring further treatment in the areas of depression, anxiety, and insomnia. The provider indicated the Beck Depression score of 54 placed the injured worker in the severe range of subjective depression. The provider indicated the Beck Anxiety score was rated 52, which indicated a severe level of anxiety. The provider indicated the insomnia severity index score was 23, which indicated moderate insomnia. The clinical examination on 10/29/2013 revealed the injured worker's thought processes appeared anxious, distressed, and disturbed when describing the ongoing pain in his back. The injured worker was found to be preoccupied with frequent worries about continued intractable pain, and his pain worsened with cold weather. The

injured worker endured pain to his left shoulder, right knee, and right ankle. There did not appear to be a loss of contact with reality in the form of visual or auditory hallucinations, and no evidence of paranoia or delusions of persecution. The provider indicated despite the passage of time and the input of treatment, the injured worker had remained distressed over the persistent pain and disability involving the left shoulder, back, knees, and right ankle. The provider indicated that because of his positive response to cognitive behavioral therapy, the injured worker would need an additional 13 individual or group cognitive behavioral therapy visits over 3 months on an as needed basis for persistent emotional symptoms and impairments. The Request for Authorization form dated 10/31/2013 was for cognitive behavioral psychotherapy sessions for depression, anxiety, and sleep problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mental Health/Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The request for Cognitive Behavioral Therapy is not medically necessary. The injured worker has received previous cognitive behavioral therapy sessions with positive improvement. The California Chronic Pain Medical Treatment Guidelines recommend psychological treatment 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 function, and addressing comorbid mood disorders. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The "stepped care" approach to pain management that involves psychological intervention has been suggested to identify and address specific concerns about pain and enhance interventions that emphasize self management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. The guidelines state to identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. The guidelines state if pain is sustained in spite of continued therapy then intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. The documentation provided indicated improved quality of life from the 10/2013 progress note with previous cognitive behavioral therapy sessions. However, there is a lack of documentation regarding the previous number of sessions completed. Additionally, the request failed to provide the number of sessions requested. Therefore, the request is not medically necessary.