

Case Number:	CM14-0055603		
Date Assigned:	07/09/2014	Date of Injury:	10/27/2011
Decision Date:	11/25/2015	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/25/2014

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. 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 female, who sustained an industrial injury on 10-27-11. The injured worker was diagnosed as having neck pain; lumbar pain right shoulder pain; bilateral carpal tunnel syndrome, status post left carpal tunnel release (1-25-14); cervical discogenic pain; lumbar discogenic pain; left lumbosacral radicular pain; right shoulder impingement; stress syndrome (anxiety, depression, insomnia). Treatment to date has included psychological services; medications. Currently, the PR-2 notes dated 3-10-14 indicated the injured worker reports worrying excessively about pain and physical limitations. She notes persisting sleep difficulties. She feels sad and emotional. She feels weak throughout parts of her body. She underwent a surgical procedure to her left hand on 1-25-14 (left carpal tunnel release). She notes some improvement in the level of her motivation and social functioning. She notes feeling tense and has a shortness of breath. She has a decreased appetite. She notes experiencing blurriness in her vision. Objective findings are documented by the provider as "She is tense and anxious. She is apprehensive. She is preoccupied about her physical condition and the possibility of undergoing another surgical procedure. The patient's diagnosis remains unchanged." The provider notes some "improvement in the intensity of her anxious and depressive symptoms." His treatment plan is for additional cognitive behavioral group psychotherapy and relaxation training-hypnotherapy. A Request for Authorization is date 4-21-14. A Utilization Review letter is dated 4-11-14 and non-certification for six additional cognitive behavioral group psychotherapy, once a week for 6 weeks. A request for authorization has been received for six additional cognitive behavioral group psychotherapy, once a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six additional cognitive behavioral group psychotherapy, once a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 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) recommends a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: up to 13-20 visits over a 7-20 weeks (individual sessions) if documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to a meta-analysis of 23 trials. A request was made for six additional cognitive behavioral group psychotherapy sessions once a week for six weeks, the request was non-certified by utilization review which provided the following rationale for its decision: Objective findings are stated as "she is tense and anxious. She is apprehensive. She is preoccupied about her physical condition and possibility of undergoing another surgical procedure. No diagnosis is offered. No mental status findings are offered. Treatment goals are vague with no objective outcome measures to determine progress in treatment. No specific interventions are outlined to address this claimant's current's concerns or possibility of second surgery or ongoing pain issues." Peer-to-peer discussion was attempt but no information in the patient's chart was provided to clarify. This IMR will address a request to overturn the utilization review 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 including objectively measured functional improvements. The provided medical records do not establish the medical necessity the requested treatment. The

provided medical records do not indicate how much prior psychological treatment the patient has received. The industrial guidelines recommend (ODG) 13 to 20 sessions of cognitive behavioral therapy for most patients with psychological industrial related issues and symptoms. Continued treatment is contingent upon the establishment of medical necessity based on documentation of objectively measured functional improvements. The provided medical records do not contain any objective measures of patient change as a result of prior treatment (unknown quantity). For these reasons, the request is not medically necessary or established and utilization review decision is upheld.