

Case Number:	CM14-0072736		
Date Assigned:	07/16/2014	Date of Injury:	01/26/2012
Decision Date:	08/11/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/20/2014

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 48 year old male who sustained an industrial injury on 01/26/12. Initial complaints and diagnoses are not available. Treatments to date include medications, surgery, home exercise program, and epidural steroid injections. Diagnostic studies are not addressed. Current complaints include left shoulder pain. Current diagnoses include overexertion and strenuous movements and other afflictions of shoulder region. In a progress note dated 04/03/14 the treating provider reports the plan of care as trying full duty to see his work tolerance. The requested treatments include 6 sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, QTY: 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402 and 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), [http:// www.odg-twc.com.htm](http://www.odg-twc.com.htm) Section: Pain and Section: Stress/Mental.

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

Official Disability Guidelines (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 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 the meta-analysis of 23 trials. A request was made for 6 cognitive behavioral therapy sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "without a psychological evaluation and treatment plan, the requested service cannot be reviewed and is not considered to be medically necessary and appropriate." This IMR will address a request to overturn the utilization review decision for non-certification. The medical necessity of the request for 6 cognitive behavioral therapy sessions is not established by the provided documentation. Provided medical records consisted of approximately 25 pages and there was no information provided regarding the patient's psychological status, current symptomology, prior psychological treatment history (if applicable), rationale for the request, or otherwise. No comprehensive psychological evaluation was provided. The patient was injured in 2012 and it's not clear whether or not he has received any cognitive behavioral therapy for the industrial related injury or if this is a request to start a new course of treatment. The medical necessity of the request is not established due to insufficient documentation. For this reason, the utilization review determination is upheld. This is not to say that the patient does not need psychological intervention, only that the medical necessity the request was not established by the very limited documentation provided consideration for this review. Therefore, the request is not medically necessary.