

<b>Case Number:</b>	CM14-0176703		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	02/13/2006
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 California. 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:

According to the records that were provided for this IMR, this patient is a 51 year-old male who reported an industrial injury that occurred on February 13, 2006. The injury reportedly occurred during his employment as an orchard sprayer for [REDACTED] the work involved considerable heavy lifting and driving a rig through fields that would hit significant bumps both of these factors cumulatively led to problems with his back radiating into his leg shoulder, and neck. A partial list of the patient's medical diagnoses include postsurgical decompression, status post cervical fusion with myelopathy, bilateral L5 radiculopathy. The patient's medical history and remaining medical diagnoses are well documented, this IMR will address his psychological symptoms and treatment as it relates to the requested procedure. In 2011 he was diagnosed with the following Dysthymic Disorder, Unspecified; Anxiety Disorder NOS; Bipolar Disorder:, mixed type (provisional) with several additional diagnoses mentioned. His recent diagnosis was listed as: Depressive Disorder Not Otherwise Specified. Psychiatric medications include Cymbalta for depression this was recently changed to Brinellix, Lunesta/Trazodone for sleep, and Valium for anxiety. Psychological update report from September 30 reflects continued depression with severe pain requiring 3 days of lying down with excessive crying and hopelessness. A psychological update report from October 8, 2014 mentions that the patient to requires a wheelchair for ambulation and was given samples of a new antidepressant to try. He reports crying on 2 occasions one occurring after his legs gave out while attempting to ambulate with a walker in his kitchen causing him to fall. Cognitive behavioral therapy sessions have "given him the opportunity to express emotional distress while providing reflective support and empathy." Treatment also has "involved positive cognitive reframing and meditative imagery exercises to promote self-containment of pain response." The therapist reports that: "the patient continues to make small psychological gains (unspecified) and stated that the sessions were

helpful (without further detail or objectively measured data." A request was made for 6 sessions of cognitive behavioral therapy and was non-certified; the utilization review rationale for non-certification was stated as: "the records do not offer any indication that the previous cognitive therapy resulted in any lasting objective functional improvements."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 sessions of Cognitive Behavioral therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, November 2014 Update.

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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 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. With respect to the request for 6 additional sessions of cognitive behavioral therapy, the medical records do not support additional treatment. Over 1300 pages of medical records were provided. Psychotherapy progress notes were scattered and difficult to locate. According to the Official Disability Guidelines, as stated above, treatment guidelines specify the most patients are eligible for a maximum of 13-20 visits over a 7 period of individual sessions if progress is being made. In some cases of severe depression additional sessions up to 50 may be allowed if there is evidence of objective functional improvements. It was not possible to determine how many sessions the patient has already had (in the current treatment course and history of prior psychological treatment courses, if any) and there was no clear statement readily found of the quantity of sessions that he is had to date. The patient's injury occurred in 2006 and it seems very likely that he has already surpassed the maximum quantity recommended for most patients. Continued session authorization is contingent upon several factors one of them being patient symptomology, which this patient does still have; another factor is total session quantity which in this case is unknown; and evidence of objective functional improvements. The term objective functional improvements reflects changes that the patient has achieved as a direct consequence of the treatments, it includes objectively measurable changes. It also includes the following: increased activities of daily living, reductions in work restrictions if applicable, and a decrease in reliance on future medical care. This was not evidenced. There were several vague statements that referred to the patient saying that the

treatment is helpful without further clarification of how or any objectively measured data. The quantity of sessions is not specified nor was the frequency of treatment. Therefore, this request is not medically necessary.