

<b>Case Number:</b>	CM14-0181804		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 provided for this independent medical review, this patient is a 65 year old female who reported a work-related injury that occurred on December 19, 2012 during the course of her employment as a teacher with [REDACTED]. The injury occurred while she was in a dark parking lot and tripped over a student and fell face first landing hard on the sidewalk, she experienced a brief loss of consciousness and awoke disoriented and bloodied with wounds on her forehead, abrasions on her right elbow and knee, and nosebleed. Over the following several days she developed vomiting, headache, dizziness, and inability to hold her head up. Psychologically, she has been diagnosed with Anxiety Disorder, and Chronic Pain Syndrome. Additional psychological diagnoses include: Major Depression, Recurrent, Moderate, and Compulsive Personality. She reports continued pain that at times requires her to get into bed but is making "significant progress getting out of her house for the first time in a long time, walking the dog 3 times a day, discussing how she wants to get off of Wellbutrin and clonazepam, patient states quote I don't want any drugs in my body." And discusses not feeling as afraid as she was before engaging in some yoga classes and is looking into getting into a program of mindfulness-based stress management." According to her primary treating psychologist as a result of cognitive behavioral therapy the patient has had decreased somatic complaints, decreased functional complaints, and decreased depression and anxiety. Tolerance for work and activities of daily living have increased in strength and endurance. A request was made for 10 sessions of psychological treatment, and was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Psychological treatment, times 10: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, 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. 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 recommend 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. 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. With respect to the current request it appears that the patient has completed approximately 10 sessions of CBT therapy. The medical necessity of the current request for 10 additional sessions was established with detailed progress notes that discussed significant patient functional improvement in multiple areas including increased activities of daily living and improved work functional capacity. There is also been a noted reduction in symptomology of anxiety and headaches. Current treatment recommendations as stated in the official disability guidelines allows for up to 20 sessions maximum for most patients. Because the patient is making progress in her treatment an additional 10 sessions is appropriate and medically necessary, and the utilization review determination of non-certification is overturned. Because these 10 sessions will bring her total to the maximum suggested within the guidelines, they should be used to help transition her to permanent independent functioning in terms of the psychological symptomology that has resulted from her injury.