

<b>Case Number:</b>	CM14-0034172		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/27/2008
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 provided records, this is a 55 year-old male patient who reported a continuous trauma injury that occurred from 7/27/2008-7/27/2009 during the course of his work as a garbage collector for [REDACTED]. Medically, a partial list of his diagnoses include: Cervical Degenerative Disc Disease, Cervical Stenosis, Cervical Radiculopathy to the Bilateral Upper Extremities, Bilateral Ulnar Neuropathy, Chronic Pain Syndrome, Reactive Depression, Insomnia, and Chronic Low Back Pain Secondary to Lumbar Facet Arthropathy. He reports continued severe back pain, balance problems, sleep disturbance. This IMR will address his psychological symptoms/treatment as they pertain to the requested procedure. Psychologically, he is described as very depressed and irritable. He was initially evaluated for psychological treatment November 19, 2012 and began the current course of his cognitive behavioral psychotherapy at that time. Psychological treatment notes were found from May 2013 on a biweekly basis through December 2013 treatment to is described as providing pain coping and problem solving skills as well as mood and sleep enhancement strategies. A progress report from October 31, 2013 from the patient's primary treating psychologist states that the frequency of treatment on a monthly basis, and that he continues to suffer from emotional symptoms of mood disturbance, feelings of sadness and depression, sleep disturbance, frustration, irritable mood, helplessness and hopelessness, restlessness, tension, anxiety, fatigue, and some social isolation/withdrawal. No treatment notes from 2014 (other than a summary that did not list dates of service) were found. He's been diagnosed with: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, Chronic; Depressive Disorder Not Otherwise Specified. Although session notes reflect the patient's level of depression and frustration and irritability, they do not reflect objectively measured functional improvements. Total number of sessions provided to date was not documented, and there were no treatment

goals with anticipated dates of completion, there was no mention of moving the patient towards decreased dependency on future psychological treatment/independent mental health functioning. Treatment notes state that the patient has been introduced to relaxation and cognitive coping skills and has been compliant with treatment attendance and participation and recommendations. Treatment has emphasized healthy functional behaviors with some short and long-term goal setting to better prepare for and cope with recovery. A request for 8 cognitive behavioral therapy sessions was made and non-certified; this IMR will address a request to overturn that decision.

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

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

**Cognitive behavior psychotherapy sessions, QTY: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. With respect to the current requested treatment for 8 cognitive behavioral therapy sessions, the medical necessity of the requested treatment procedure is not supported by the documentation provided. Continued psychological treatment is contingent not only upon significant patient psychological symptomology, but also upon documentation of objective functional improvements, and that the total duration/quantity of treatment provided conforms to the treatment guidelines as stated above. The total duration of treatment already provided was not documented clearly but is estimated to be at the equivalent of over one year in duration, excluding 2014, for which no session progress notes were found. MTUS guidelines recommend

a period of treatment consisting of 6 to 10 sessions over a 5 to 6 week period, whereas the official disability guidelines suggest 13-20 visits over a 7-20 week period of individual sessions if progress is being made. The patient has already been offered a very generous and lengthy course of psychological care and the documentation that was provided do not reflect lasting gains achieved in objective functional improvements (significant increases in activities of daily living, reductions in work restrictions if applicable, and reduction in dependency on future medical care) as a direct consequence of the treatment. For these reasons, the request is not medically necessary.