

<b>Case Number:</b>	CM14-0189885		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 a licensed Psychologist 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 patient is a 37 year old male who reported a work-related injury on April 22, 2013 during the course of his employment for [REDACTED]. The injury reportedly occurred when "a wall fell on him." No further details regarding the injury were provided. He reports neck pain, low back pain, bilateral foot pain. A partial list of his medical diagnoses include: Cervicalgia, Thoracic or Lumbosacral Neuritis or Radiculitis NOS (not otherwise specified), Brachial Neuritis or Radiculitis NOS, skin sensation disturbance. A diagnosis of CRPS (complex regional pain syndrome) under consideration. Additional tests revealed mild carpal tunnel syndrome. Prior treatments have included chiropractic care physical therapy, and conventional physical medicine and pain management treatments including lumbar epidural injection. Treatment plan from June 4, 2014 from his primary treating physician mentions "patient to schedule visits with pain psychologist and if the patient is not a surgical candidate he may be a good candidate for functional restoration program after therapy with the pain psychologist." Another progress note from the same physician from September 2014 mentions patient is "not a surgical candidate, request authorization for functional restoration program after completion of his CBT program." There was no further discussion of his psychological treatment in the medical records provided. No details were provided with respect to his prior psychological treatment outcome or quantity/duration of treatment. No psychological treatment progress notes from the patient's primary treating psychologist or any mental health professionals were provided for consideration for this review. A request was made for 6 additional sessions of cognitive behavioral therapy. The request was not approved; 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 Behavioral Therapy Additional 6 sessions: Upheld**

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

**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 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. 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 regards to the current requested treatment for 6 additional sessions of cognitive behavioral therapy, the medical records provided for this review do not reflect the medical necessity of the requested procedure. There were no mental health progress notes provided from the patient's primary treating mental health therapist. There is no active treatment plan with stated goals and anticipated dates of accomplishment. No psychological or psychiatric diagnosis was provided for consideration for this review. It is unclear how many prior treatment sessions of cognitive behavioral therapy the patient has completed to date, if any, and what the outcome was of those sessions. Continued psychological care is contingent upon not only documentation of significant patient psychological symptomology but also objective functional improvements derived from prior treatments. Because no documentation regarding psychological treatment was provided for consideration, there was no evidence of objective functional improvement from prior sessions and the medical necessity of additional treatment is not established. Because medical necessity is not established, the request is not medically necessary.