

<b>Case Number:</b>	CM14-0190405		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	12/12/2001
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 as are provided for this Independent Medical Review, this patient is a 68 year old female who reported a work-related injury that occurred on December 12, 2001 during the course of her employment for [REDACTED]. The injury occurred when she was pushed by a pupil and fell backwards. It was noted that she began having stress urine incontinence and cystocele after her injury. Furthermore, it was noted that surgery and medication did not resolve the issue and resulted in urge frequency and urge incontinence and vaginally stenosis with difficult the having intercourse. A mesh insertion and after several years subsequent removal procedure was provided on February 15, 2013 but there is continued pelvic pain and the reversal mesh procedure did not result in improved condition. She is reported to be unable to have sexual relations due to scarring and pain. There are reports of chronic vaginally pain radiating to the pelvis, right hip, and thigh. She reports depression, dizziness, head injury, and insomnia. There is a notation that she had a prior comprehensive psychological report on September 1, 2009 (not provided) indicating "depressive mental disorder caused by physical pain and disability with damaged self-esteem, emotional withdrawal/mistrust, psychological fatigue, mental confusion, and resulting in residual and cognitive impairment concentration/attention/memory deficits.. With residuals of permanent emotional impairment." It was noted further that on October 6, 2014 she requested to return to psychotherapy and that her emotional condition reportedly worsened following discontinuation of previous psychotherapy sessions that occurred on August 7, 2007. It was noted further that she has already received cognitive behavioral psychotherapy and stress reduction biofeedback that utilized progressive relaxation techniques directed towards the relief of anxiety, depression and sleep disturbance as well as multiple stress-related medical complaints. According to her treating psychologist, "there was improvement in all areas as a result of treatment but that with discontinuation of treatment

depression symptoms including: pessimism, diminished self-esteem, and lack of motivation have increased. There is a worsening in her social functioning and increased irritability. There is increase and anxiety and inability to relax and decreased interest in activities of daily living with sleep disturbance." Beck depression and anxiety inventories were severe. Psychological diagnoses include major depressive disorder, single episode, unspecified; depressive disorder not otherwise specified with anxiety; psychological factors affecting medical condition (stress-intensified). A request was made for 6 sessions of cognitive behavioral therapy, utilization review partially approved the request with a modification that allowed for 4 sessions and disallowed 2 sessions; 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:

#### **Six sessions of Cognitive Behavior Psychotherapy: 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 Chronic Pain Medical 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 regards to the requested treatment for 6 sessions of cognitive behavioral therapy, the medical records provided do not support overturning the utilization review decision. The utilization review determination was to allow for a modification of the request to 4 sessions. The MTUS guidelines specifically state that patients should be provided an initial treatment trial of 3-4 sessions to determine if they respond with evidence of objective functional improvements. The request for 6 sessions exceeds that amount by 2-3 sessions. The initial treatment trial is designed to determine whether or not symptom improvement is occurring so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. The patient has already received a course of psychological treatment. Although some details were provided with regards to this prior treatment, important information with regards to her prior treatment duration and quantity were not included. It is also unclear whether or not the patient has received psychological care between 2007 and 2014. Information about prior treatment outcome was also very limited and did not adequately address whether measurable and objective functional improvements were derived. No current treatment plan was provided for this request with respect

to specific goals and approximate dates of estimated attainment. This request for 6 sessions was correctly modified and reduced to 4 sessions by utilization review to conform to MTUS guidelines. The medical necessity of 6 sessions was not established because the request does not conform to MTUS guidelines, and there is insufficient information regarding prior treatment. Medical necessity for 6 sessions was not established. Therefore, this request is not medically necessary.