

<b>Case Number:</b>	CM14-0202901		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/20/2014
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Board Certified in Psychologist (PHD, PSYD) 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 medical records, this patient is a 63 year-old female who reported a work-related injury that occurred on 03/20/2014 during the course of her employment as a northern territory sales representative delivering products to stores. The injury occurred when she took to sample boxes from her car, placed one box on the hood and the other on the ground and subsequently tripped over the box on the ground while trying to catch the box that was placed on her hood. She fell face forward onto the pavement and struck the right side of her head and shoulder. A partial list of medical diagnoses include: post-concussion syndrome, facial abrasion head contusion, bilateral knee contusion, this brain/strain of wrist, left elbow/neck muscle/lumbar muscle/shoulder/knee strain. Primary areas of reported pain are her neck and shoulder. She reports pain in multiple areas of her body including head neck bilateral hand and wrist, knee pain bilateral shoulder pain and left elbow forearm pain. There is difficulty with adding and subtracting and blurry vision with intermittent nausea and constant dull headache with a sense of being very sleepy. There is a abnormal EMG finding revealing right medial neuropathy and tenderness in the left shoulder and left paraspinal muscles. There are indications of mild cognitive linguistic will deficits secondary to post-concussion syndrome. Patient's affect is described as flat with diminished facial expression. She reports depression and insomnia. Prior treatment has included cognitive/linguistic training, speech therapy, and physical therapy. According to an occupational and environmental neurology consultation from 10/03/2014, she reports pain in her head, neck, shoulders, arms, back, and knee that is present constantly and ranges from moderate to severe in intensity. She has headaches that occur when concentrating and are affecting her head she reports difficulty sleeping with exhaustion and fatigue upon awakening and mood is poor with crying spells. A trial of the anti-depression medication Nortriptyline caused increased grogginess. It was recommended that she have 6 sessions of

cognitive behavioral therapy in addition to other treatment modalities. A notation from 11/14/2014 by her primary physician was that psychology sessions have been authorized and she is to follow up with staff regarding the appointments. A request for 6 sessions of cognitive behavioral therapy over a three-week time. For neck and bilateral shoulders was made and non-certified. The utilization review rationale for non-certification was stated as: "the patient is off work and continues to report issues with depression, insomnia, difficulties concentrating etc. The patient remains reliant on Palomar, a psychotropic medication. All of the foregoing, taken together, suggest a lack of functional improvement as defined in the California MTUS despite 6 prior sessions of psychotherapy/cognitive behavioral therapy.

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

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

**Six sessions for Cognitive Behavioral Therapy over three weeks for the neck and bilateral shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy, psychotherapy guidelines Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): head chapter, topic cognitive therapy, November 2014 update. See also, 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. According to the official disability guidelines head chapter for mild TBI, a referral for psychological services should be strongly considered three or more months post-injury if the individual is having difficulty coping with symptoms or stressors or when secondary psychological symptoms such as intolerance to certain types of environmental stimuli or reactive depression are severe. Treatment may include individual psychotherapy, marital therapy, and group therapy, instruction in relaxation and related techniques, cognitive/behavioral therapy, social skills training. Session quantity is described as 13-20 visits if progress is being made. With regards to the requested six sessions of cognitive behavioral therapy, although the request appears appropriate based on her symptomology and recency of injury, there were no psychological treatment progress notes from the initial course of 6 sessions. No psychological treatment progress notes were provided for consideration for this review. Additional psychological treatment is contingent upon not only patient symptomology, which in this case is present, but also upon documentation of patient benefit from prior sessions.

Because this documentation was not provided and there was no mention or evidence of the results from the initial block of treatment, additional sessions cannot be authorized in the absence of any evidence of functional improvement. According to the MTUS guidelines an initial set of 3 to 4 sessions should be offered for most patients seeking requiring psychological care, and according to the official disability guidelines up to 6 sessions can be provided as an initial treatment trial to determine whether or not the patient benefits from the provided treatment. Additional sessions, if medically necessary, can be offered contingent upon documentation of patient benefit which includes objective functional improvements. This patient may be eligible and needing additional sessions which can be offered if sufficient substantiation of need and benefit were provided, however because they were not, the medical necessity of the request was not established, and because medical necessity of the request was not established, the request to overturn the utilization review determination for non-certification is not approved.