

<b>Case Number:</b>	CM14-0204008		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	03/09/2011
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 56-year-old female, who sustained an industrial injury on 03/09/2011. She has reported headaches and loss of consciousness after falling to the floor. The injured worker was punched in the right side of her head. The diagnoses have included concussion, depression, and anxiety. Treatment to date has included a computerized tomography (CT) scan of the brain on 11/14/2014, with negative findings, psychotropic medications, antidepressant medication, sleep aid, and headache medication. The medical records provided for review include eleven (11) psychologist progress reports. Currently, the injured worker complains of constant frequent head pain. She rated her pain a 9 out of 10. She reported that her activities of daily living have been negatively impacted. She also reported continued sadness, fatigue, low self-esteem, apathy, a sense of hopelessness, nervousness, emotional numbness, physical trembling, shortness of breath, heart palpitations, and other signs of anxiety and depression. The objective findings included crying during the sessions, overwhelmed emotionally, sleeps with television on, wakes up easily to any type of noise, and a fear of being attacked again. The treating physician indicated that the injured worker's psychological status remained correlated with her head injury, pain state, and functional limitations. The medical report from which the request originates was not included in the medical records provided for review. On 11/18/2014, Utilization Review (UR) non-certified the request for eight (8) sessions of cognitive behavioral pain therapy, noting that there was no documentation of objective functional improvements as a result of the previous psychotherapy. The Non-MTUS Official Disability Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Eight sessions of Cognitive Behavioral Pain Therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (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 Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 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 this request for 8 additional sessions of cognitive behavioral therapy, the medical records provided do not support the requested treatment procedure. Continued psychological care is contingent upon: significant patient symptomology, evidence of patient benefit from prior treatment including objective functional and improvements and that the total quantity of sessions being requested is consistent with MTUS/official disability guidelines. Although the medical records that were provided do substantiate that the patient remains psychologically symptomatic, they reflect only minimal benefit/progress as a result of prior treatment depression and anxiety levels appear remained mostly unchanged although there was a note indicating some improvement in the area of patient self-care and her ability to drive to appointments. The total number of sessions that were provided to the patient so far was not clearly stated in any of the documentation received for consideration. The official disability guidelines state that patients may have 13 to 20 sessions in most cases. The total number of sessions at the patient has received could not be estimated based on the documents provided however it appears that she has received several months of psychological care so far at a minimum. Because the total quantity of sessions provided is unknown could not be determined

whether or not 8 additional sessions would exceed the recommended guideline maximum. Because of this reason the medical necessity of the request could not be established and therefore the utilization review determination for non-certification is upheld.