

<b>Case Number:</b>	CM14-0204740		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	01/12/2011
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 (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 records provided for this IMR, this patient is a year 61 old female who reported a work-related injury during the course of her employment for the [REDACTED] on January 21, 2011. She was working at that time as a preschool teacher teaching children how to jump rope when she fell onto the concrete and injured her back and left arm. She reports chronic upper and lower back pain, sciatic and left shoulder/neck pain, headaches and emotional distress. This IMR will be focused on the patient's psychological symptomology as it relates to the requested treatment. According to a comprehensive psychological evaluation, October 29, 2014, the patient reports poor sleep, increased appetite, low energy, decreased motivation and memory and concentration with feelings of irritability and depression. She has been diagnosed with the following psychological symptoms: Pain Disorder associated with both psychological factors and chronic pain; Anxiety Disorder not otherwise specified. At that time it was recommended she have 10 sessions of treatment including cognitive behavioral techniques for anxiety and relaxation and pain management techniques. The request was modified to allow for 4 sessions as an initial treatment trial. A primary treating physician supplemental report from December 23, 2014 states that the patient should be seen for continuing cognitive behavioral therapy treatment for depression, anxiety, pain management, with treatment goals to include stress management, sleep hygiene improvement, learning ways to manage pain during a flare-up, finding balance in life while managing chronic pain and improving communication with friends and family in a manner that helps manage pain. A treatment progress note from the patient's primary treating psychologist dated December 9, 2014 indicates sessions number 4/4 and reports that pain levels have remained stable and that she reports that the breathing exercises she learned in therapy helped her to manage her pain she talked about her mood disturbance and was provided education about the relationship between

emotion and pain. A summary of the 4 initial treatment sessions stated that the patient demonstrated a high level of engagement in the behavioral treatment, utilized the techniques to manage stress and pain showed improvement of self-care to manage pain and demonstrate increased awareness of the relationship between emotions and pain. A request was made for 10 cognitive behavioral therapy sessions, the request was partially modified to certify 4 sessions by utilization review with the remaining 6 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:

### **10 Cognitive Behavioral Therapy Sessions: Overturned**

**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

**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) allows for 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 requested treatment, the medical necessity of the request was established by the documentation that was provided for this review. It appears that the patient has received only an initial block of 4 treatment sessions and at the sessions resulted in improvements in the patient's ability to cope with pain. The request for 10 additional sessions does fall within the treatment guidelines which recommend that after initial block of 3-4 sessions additional sessions up to a maximum of 10 may be offered (MTUS) or regarding the Official Disability Guidelines, 13-20 sessions total can be offered if the patient is making

progress. Because progress was documented and appears to be adequate and there is no evidence that the patient has participated in a course of prior treatment between the times of her injury in the current request, the medical appropriateness and necessity was established.