

<b>Case Number:</b>	CM14-0048148		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	04/04/2001
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 49 year old female, who sustained an industrial injury on 04/04/2001. She has reported subsequent neck and upper extremity pain and was diagnosed with bilateral thoracic outlet syndrome, paracentral disk herniation at L5-C6, left C6 radiculopathy and bilateral lateral epicondylitis. Treatment to date has included oral pain medication, physical therapy and surgery. In a progress note dated 03/17/2014, the injured worker noted that cognitive behavioral therapy was helping to reduce her anxiety and depression. The physician noted that the injured worker wanted additional cognitive behavioral therapy and additional visits were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy - unknown sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy

Guidelines for Chronic Pain Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 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 measurable/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. Continued psychological treatment is contingent upon the establishment of medical necessity. Medical necessity can be established with documentation of all 3 of the following issues: continued patient psychological symptomology at a clinically significant level that warrants treatment, total quantity of sessions provided to date and requested sessions consistent with MTUS guidelines, and documentation of evidence of patient benefited including objectively measured indices of functional improvement. According to the provided documents, the patient has been benefiting from prior treatment with improved levels of depression, anxiety, and a complete elimination of suicidal ideation as well as better ability to use cognitive strategies to cope with pain. This request is for an unspecified quantity of treatment sessions. The total quantity of treatment sessions at the patient has received to date was not clearly stated in the provided medical records but appears to be spanning a lengthy period of time. Because the amount of prior treatment that the patient has received is not noted in a clear manner and because requested quantity of treatment sessions was not clearly stated on the application for IMR it cannot be determined whether additional sessions exceeds guidelines are not. Because unspecified quantity of treatment sessions is essentially a request for unlimited sessions in an open-ended manner, the medical necessity of such a request cannot be established and therefore because medical necessity of the request is not established the utilization review determination for non-certification is upheld. Therefore the request is not medically necessary.