

<b>Case Number:</b>	CM15-0000470		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	01/30/2012
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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:

This year 41 year old female sustained an industrial injury on 1/30/12. She subsequently reports neck, shoulder, back and lower extremity pain as well as depression and anxiety. She has been diagnosed with a herniated lumbar disc. An MRI dated 10/20/14 revealed spinal abnormalities. The injured worker has undergone spinal surgery. Medications include Norco, Tramadol and Ambien. The injured worker has received behavioral pain management therapy. Psychiatric evaluation notes were included in the case file. On 12/16/14 Utilization Review non-certified a Cognitive behavioral therapy 6-10 follow up office visits noting the lack of indications in MTUS, ACOEM and ODG Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy 6-10 Visits:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s).

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 respect to this patient's psychological treatment, the patient appears to have already received extensive psychological care. The total number of treatment sessions that has been provided was not able to be determined by the provided medical records despite over 800 pages being reviewed. There was no statement of the total number of sessions that she has received and it could not be reasonably estimated based on the information contained within the records. Session quantity was discussed, but only in terms of the current authorization without a running total. For example, both psychological treatment progress notes and biofeedback session notes were numbered as: "session #" but there was no way to tell if this was a cumulative total or relative to the authorization with the latter being more likely due to the duration of her psychological treatment. Her injury occurred January 30, 2012 and it was unclear when she first started psychological treatment with this or other providers.. There was a comprehensive psychological evaluation found dating back to May 2014 suggesting at a very minimum she was in treatment for multiple months in 2014. Current treatment guidelines recommend 13-20 sessions maximum for cognitive behavioral therapy for most patients. Additional psychological treatment may be warranted in this particular case, however it was not supported/established by the documentation submitted for this review under the MTUS/ODG guidelines, therefore because medical necessity was not established, the utilization review determination is upheld.

**Follow-Up Office Visit:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** With respect to this patient's psychological treatment, the patient appears to have already received extensive psychological care. The total number of treatment sessions that has been provided for this patient was not able to be determined by the medical records that were provided. There was no statement of the total number of sessions that she had had and it could not be reasonably estimated based on the information contained within the records. Still, it does appear that the patient is already likely received a quantity of sessions that falls within the maximum guidelines for most patients. His symptomology does not meet the criteria for an extreme case where an extended treatment would be warranted. Although she has a diagnosis of PTSD, the level of symptom severity as described currently does not reflect an extreme case. Prior sessions of psychological treatment appear to have been helpful to the patient; however treatment notes suggest that she is. Session quantity was discussed only in terms of the current authorization without a running total, so only a best estimate could be made. Psychological treatment appears to have occurred February 2014 - September 2014 every other week. This suggests 16 sessions over an 8 months. Because objective functional improvements do not meet the criteria stated above, and because the session duration appears already within the range of maximum allowed, additional sessions are not found to be medically necessary, and the request to overturn the utilization review decision of non-certification is not approved.