

<b>Case Number:</b>	CM15-0102093		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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:

The injured worker is a 44 year old male, who sustained an industrial injury on 6/7/11. He reported initial complaints of mid-low back pain. The injured worker was diagnosed as having major depressive disorder, single episode, partial remission; pain disorder associated with both psychological factors and general medical condition; insomnia related to depression and pain; chronic pain; lumbar disc displacement; lumbosacral spondylosis; lumbar radiculitis; post-laminectomy syndrome-lumbar. Treatment to date has included physical therapy; chiropractic care; acupuncture; epidural steroid injections left L4-L5 (3/6/12); status post lumbar laminectomy/decompression/ bilateral foraminotomies/laminotomy surgery at L4-L5 (5/19/14); status post complex wound debridement closure of low back incision (6/11/14); Cognitive Behavioral Therapy (CBT) sessions (x 19); urine drug screening; medications. Diagnostics included MRI cervical spine (7/29/11); MRI lumbar spine (8/6/11); EMG/NCV lower extremities (10/22/11); X-rays cervical and lumbar spine (11/7/12); X-rays right calcaneus (11/7/12). Currently, the PR-2 notes dated 4/15/15 indicated the injured worker is a status post lumbar spine surgery 5/11/14 and wound debridement of that surgery on 6/11/14. He complains of low back pain that is present constantly and can tolerate sitting for only 20-30 minutes and standing for about 20 minutes. He describes his pain radiating down the posterolateral portion of the bilateral lower extremities through the sole and heel of the foot that is worse on the right-hand side. He describes the pain with numbness and tingling. He also complains of neck pain and seems mostly with worsening low back pain with radiation to the cervical spine. On physical examination the provider notes normal range of motion of the cervical spine. There is tenderness

in the thoracic spine and spasms with guarding at the base of the lumbar spine. He is only able to flex forward 30 degrees; extension is 5-10 degrees. Straight leg raise is tolerated around 90 degrees although it does cause pain provocation right greater than left. Reflexes were unobtainable at the patellar region but 1+ at the Achilles' region. The provider notes a significant psychological overlay that has been evaluated by several psychological evaluators with an overriding depression. There is question by this provider as to if another surgery should be performed (fusion). At this time, the provider is requesting additional Individual cognitive behavioral therapy 3 sessions.

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

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

**Individual cognitive behavioral therapy times 3 sessions:** Overturned

**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 Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain, pages 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made for individual cognitive behavioral therapy times 3 sessions; the request was non-certified by utilization review with the following rationale provided: "there is documentation of 19 cognitive behavioral

therapy sessions completed to date. However, despite documentation of subjective (less severity of depression, and less anxiety; better energy and less hopelessness and helplessness; less anhedonia and more motivated; decreased anger and irritability; better self-esteem and sexual drive; better concentration (reading more) and less forgetfulness) and objective (mood less depressed and less anxious, judgment improved and insight improving) findings, there is no (clear) documentation of objective functional improvement with previous psychotherapy. In addition the proposed individual cognitive behavioral therapy times 3 sessions in addition to the treatments already completed would exceed psychotherapy guidelines." This IMR will address a request to overturn that decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. The provided treatment progress notes do adequately demonstrate that the patient is continuing to have improved but significant psychological symptomology that would benefit from continued psychological treatment, and they do reflect adequate documentation of patient benefit and progress in treatment. As noted by the utilization review the improvement is primarily subjective rather than objectively measured but there still is significant and sufficient evidence of patient benefit to warrant continued treatment. This request does exceed treatment guidelines by 2 sessions as the recommended official disability guidelines suggest that for most patients with this diagnostic profile a typical course of psychological treatment would consist of 13 to 20 sessions maximum with documentation of patient benefit from treatment. The request for 3 additional sessions slightly exceeds those guidelines. In this case, due to adequate documentation of the patient's psychological treatment an exception can be made to allow for 3 additional sessions which would exceed the recommendation by 2 sessions. Because the sessions do exceed slightly the guidelines they should be used for discharge, treatment termination as well as facilitating transition to independence psychological functioning/care. Because the medical appropriateness of the request is reasonable the utilization review determination is overturned. The request is medically necessary.