

<b>Case Number:</b>	CM15-0130741		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	08/01/2012
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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 right-handed male who sustained an industrial injury on 8-1-12. Diagnoses are status post surgery two times for right third trigger finger with persistent pain and triggering, right fourth trigger finger, right forearm flexor tenosynovitis, right shoulder sprain-strain, difficulty with adjustment to pain and disability, right second digit trigger finger, and cervical spine strain. In a progress report dated 10-8-14, the primary treating physician notes the injured worker complains of pain in his right hand in the palm and third digit with continued triggering of the third digit. He complains of triggering of the right fourth digit. The right forearm volar area pops. He complains of pain up to his neck and in his upper back and his shoulder hurts. He complains of difficulty dealing with the pain and not working. The treatment plan notes a referral to a psychologist for cognitive behavioral therapy; eight sessions for difficulty with adjustment to pain and disability. Physical exam notes shoulder abduction on the right is 150 degrees with pain and left is 170 degrees, flexion is 160 degrees with pain and 170 degrees on the left. Both elbows, wrists, and hands exhibit range of motion within normal limits. There is audible popping in the right volar forearm with flexing digits. Both third and fourth digits of the right hand are triggering. A right middle finger trigger finger release was done 11-30-12 and a revision of the right middle finger trigger finger was done on 9-20-13. In a progress report dated 2-3-15, the primary treating physician notes the injured worker has two sessions remaining of hand therapy. He has splints for the second and fourth digits of his right hand. The second digit catches. Physical exam notes right second digit triggering, and a tender right hand third metacarpal area where there is scar tissue. Previous treatment includes physical therapy hand, Gabapentin, Naproxen, Zanaflex, Ultracet, Prilosec, home exercises, multiple Cortisone injections-right trigger finger, and injections for right medial epicondylitis. There is no indication in the records reviewed that he has seen a psychologist or undergone cognitive behavioral therapy since the treatment plan was noted in the 10-8-14 progress note. Work status is that he

may work with no lifting, pulling, or pushing over 15 pounds with the right hand. The plan is that he is to continue the hand therapy and home program, for physical therapy of the right shoulder, and cognitive behavioral therapy with a psychologist. The requested treatment is eight cognitive behavioral therapy sessions.

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

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

### **8 Cognitive Behavioral Therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy, Psychological treatment Page(s): 23, 101.

**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 Official Disability Guidelines (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 8 sessions of cognitive behavioral therapy, the request was non-certified by utilization review with the following provided rationale for its decision: "in this case, provided documentation does not identify specific goals for treatment, as it appears a psychological evaluation has not yet been performed. Although the claimant has difficulty with adjustment of pain and disability, it appears that a psychological referral for cognitive behavioral therapy was authorized on May 11, 2015 but there is no indication concerning whether this was preformed, as the report is not included for review. Therefore, without a psychological evaluation to determine whether cognitive behavioral therapy is appropriate and outline specific treatment goals for such therapy, the request for 8 sessions of cognitive behavioral therapy sessions cannot be supported as medically necessary." This IMR will address a request to overturn the utilization review decision. According to a February 3, 2015 primary treating physician note is

stated that authorization "is again requested for physical therapy for his right shoulder, 8 sessions and cognitive behavioral therapy with the psychologist. These were requested October 8, 2014 with RFA submitted October 29, 2014. On June 15, 2015 it is also noted by the patient's primary treating physician that: "(the patient) did not have a psychological evaluation since the psychologist requested clarification of the approval. The approval did not state on the sessions were approved. It is requested that you provide a written authorization stating how many sessions of psyche are approved for cognitive behavioral therapy. If only evaluation is approved, please state so. In that case is requested utilization review for cognitive behavioral therapy beyond the evaluation be put on hold until the psychological evaluation is complete and available for review by UR." It is not entirely clear what is going on with this request. It appears, but could not be determined definitively, that the patient was referred for a psychological evaluation and cognitive behavioral therapy sessions unknown quantity. It appears that the psychological evaluation may have been completed it was not included for consideration for this IMR. It is not clear that the patient has received in psychological treatments so far and in fact appears most likely that approval has been authorized at least to some extent. The provided information for this request was too insubstantial establish medical necessity and allow authorization and overturning of the utilization review decision pending submission of the completed psychological evaluation. The psychological evaluation would contain a diagnosis as well as a comprehensive treatment plan for which the sessions would follow. There is no psychological evaluation that is been provided for consideration and without it the medical necessity of psychological treatment is not clearly established. This is not to say that the patient does not require psychological treatment only that there was insufficient documentation. In addition the request for 8 sessions is excessive if the patient has not had an initial brief treatment trial per industrial guidelines. The MTUS calls for 3 to 4 sessions to be offered initially in order to determine patient's response to treatment and that with documentation of objectively measured functional improvement additional treatment sessions can be authorized. On the basis of insufficient documentation of these matters the request is not medically necessary.