

<b>Case Number:</b>	CM15-0132086		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	09/12/2012
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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 35-year-old female who sustained a work related injury September 12, 2012. She reported coworkers harassed her and the hostile work environment caused her to develop psychiatric symptoms. According to a consultation-psychiatric evaluation report dated October 27, 2014, the injured worker presented with complaints of nightmares about two times a week, that may last for several days, headaches, and intermittent panic attacks. She has occasionally visited an emergency room for treatment of headaches. She reports suffering from anxiety, depression, and that as a child she was diagnosed as obsessive-compulsive. Mental status examination revealed; she drove herself to the appointment; behavior during the interview is cooperative and she raises topics about family and medical history; mildly depressed with normal speech tone, pitch and rate; suicidal ideation present without any plan or intent; sad but able to smile appropriately. Diagnoses are depressive disorder not otherwise specified; cannabis dependence, cannabis induced anxiety disorder with panic; obsessive-compulsive disorder, pre-existing, rule out bipolar disorder; migraines. A primary treating physician's progress report, dated June 24, 2015 (says page 2 of 2, but page 1 not present in the medical record) documented to continue cognitive behavioral therapy 6 sessions (1st session completed this visit), continue psychotropic medication management, and obtain medical records. At issue, is the request for authorization for 6 sessions of cognitive behavior therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **6 sessions of cognitive behavior therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 6 sessions of cognitive behavioral therapy, the request was non-certified by utilization review which stated that: "the additional clinical documentation received did not address a fear avoidance questionnaire. As such, the request for 6 cognitive behavioral therapy sessions is non-certified." This IMR will address a request to overturn the utilization review's 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 including objectively measured functional improvements. The medical necessity of the requested treatment is not established by the provided documentation. The MTUS guidelines recommend that the initial treatment be started with a brief trial consisting of 3 to 4 sessions, this request is for 6 sessions and therefore exceeds the guidelines for an initial brief treatment trial. In addition, the patient completed an

initial psychiatric evaluation on October 27, 2014 that indicates discrepancies and inconsistencies during psychological testing/assessment that resulted in an invalid testing which is needed in order to establish that she's a patient who would likely benefit from psychological treatment and as was mentioned in the utilization review decision there was no fear avoidance questionnaire provided which might have counteracted the limitations of the psychological assessment and establishing the medical appropriateness of this request. This request is not medically necessary.