

<b>Case Number:</b>	CM15-0136111		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	02/19/2007
<b>Decision Date:</b>	09/25/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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 47 year old male, who sustained an industrial injury on February 19, 2007. The injured worker reported lifting a table causing injury to the low back and an inguinal hernia. The injured worker was diagnosed as having depressive disorder not otherwise specified with anxious features and high moderate activity, pain disorder associated with both psychological factors and orthopedic condition, sleep disorder not otherwise specified, and lumbar radiculopathy. Treatment and diagnostic studies to date has included status post hernia repair, status post lumbar laminectomy, physical therapy, injections, medication regimen, and magnetic resonance imaging. In a progress note dated June 04, 2015 the treating psychologist reports complaints of pain to the low back, bilateral lower extremities, and bilateral hands, numbness and tingling to the bilateral feet, occasional headaches, anger, argumentative behavior, ongoing depression and anxiety, panic symptoms, gastrointestinal upset, trembling, heart racing, sweating, and difficulty with sleep. Examination reveals high moderate to severe depression and anxiety, poor behavioral pain coping skills, fear-avoidance pattern of inactivity and de-conditioning, and functional impairment. The treating psychologist requested cognitive behavioral pain education and coping skills treatment for the initial four sessions with the evaluating psychologist noting that the injured worker needed improvement in pain coping skills and stress management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral pain education and coping skills treatment-initial 4 sessions:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition, 2008 page 319-320.

**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:** Citation Summary: 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. Decision: a request was made for cognitive behavioral pain education and coping skills treatment initial 4 sessions, the request was non-certified by utilization review. Utilization review provided the following (shortened) rationale for its decision: "there are no clinical data or other indications provided that individual psychotherapy can materially affect this patient's functional status after years of human and pain behavior, dysfunction, and disability. The prognosis in this context is clearly negative and the application of clinical attention here is more likely to reinforce the patient's pain behavior than to be of any help thus rendering the psychotherapy contraindicated." This IMR will address a request to overturn the utilization review decision. The patient was provided a comprehensive psychological evaluation on June 4, 2015. At this juncture it was determined that he was diagnosed with the following: "Depressive Disorder not otherwise specified with anxious features and high moderate severity, Pain Disorder Associated with both Psychological Factors and a orthopedic condition, and sleep disorder not otherwise specified. It

was determined at the time that the patient would likely benefit from a course of behavioral pain management counseling in a group setting and Spanish-language CBT pain education and coping skills group. This request for 4 initial sessions is consistent with industrial guidelines for psychological treatment for this patient. The request is medically necessary and appropriate and therefore the utilization review decision for non-certification is overturned.