

<b>Case Number:</b>	CM15-0136505		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	04/22/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/23/2015
<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 was a 33-year-old female, who sustained an industrial injury, April 22, 2013. The injured worker previously received the following treatments cognitive behavioral therapy, Flexeril, Naprosyn, Gralise, Percocet, physical therapy, activity modifications, mediations, lumbar spine epidural injections, pain management, 11 sessions of aqua therapy, lumbar spine x-rays and lumbar spine MRI. The injured worker was diagnosed with chronic pain syndrome, lumbar radiculopathy, displacement inter and HPN (herniated nucleus pulposus) of the lumbar spine. According to progress note of March 9, 2015, the injured worker's chief complaint was low back pain. The pain was described as constant, burning, stabbing and shooting and the severity of the symptoms was described as moderate to severe. The medications helped with sleep. Aggravating factors were walking, twisting motion, driving and lying down. There were associated symptoms of tingling, numbness in both feet when sitting for longer than 15 minutes and waking up in the night. There was no physical or mental exam at this visit. According to the progress note of April 16, 2015, the injured worker somatic completes have remained the same. The injured worker's pain complaints have remained the same. The functional complaints have remained unchanged. The depression had remained the same and anxiety had remained the same. The treatment plan included 8 sessions of additional cognitive behavioral therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cognitive behavioral therapy sessions, 8 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological intervention. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) for chronic pain.

**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 8 sessions of cognitive behavioral therapy; the request was modified by utilization review with the following provided rationale: "the patient has completed a total of 4 cognitive behavioral therapy sessions to date with [REDACTED] for the treatment for chronic pain syndrome... Despite the provider's report of benefit, these improvements are not apparent in submitted progress notes from before completed sessions. In spite of the disagreement between the subjective and objective information in the notes, it is clear that the patient has significant anxiety and depression issues related to her chronic pain and requires continued psychological care. Given the progress note by [REDACTED], the request for 8 cognitive behavioral therapy sessions and certified with modification to 4 cognitive behavioral therapy sessions with the remaining 4 noncertified. The need for any additional sessions should be based upon clear, patient specific, quantifiable functional improvement resulting from the completed sessions." This IMR will address a request to overturn the utilization reviews decision. According to a PR-2 report from the patient's treating psychologist dated January 15, 2015 it is noted that the patient attended cognitive behavioral therapy session number 1 of 4. It is

not clear whether or not this is the total cumulative number of sessions at the patient has received work this is relative to the current authorization. The following are all mentioned as having remained the same: somatic complaints, pain complaints, functional complaints, depression, anxiety, tolerance for work function and/or activities of daily living, strength and endurance, reliance on forms of treatment (e.g. pain medications, physical therapy, injections, bracing). 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 request to overturn the utilization reviews modification of a request for 8 sessions to 4 sessions is not established by the provided documentation. The patient remains psychologically symptomatic at a clinically significant level that may necessitate psychological treatment. However, the total quantity of sessions is not clear that she has received. Assuming that she has only received 4 sessions to date as stated on the progress note that was provided then additional sessions up to 20 could be possible according to the official disability guidelines. Establishing medical necessity for continued psychological treatment is contingent upon the patient benefiting from treatment and according to the provided progress note there does not appear to be significant change in terms of functional improvement (for example: activities of daily living, decreased reliance on future medical care, decreased work restrictions if applicable, increases in activities of daily living and or home exercise program etc.). For these reasons the request to overturn the utilization review decision was not found to be medically necessary and therefore it is upheld. This is not to say the patient is, or does not need psychological treatment only that the medical necessity of this request as submitted was not medically necessary.