

<b>Case Number:</b>	CM15-0142132		
<b>Date Assigned:</b>	08/14/2015	<b>Date of Injury:</b>	05/08/2013
<b>Decision Date:</b>	09/16/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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:

This 65 year old woman sustained an industrial injury on 5-18-2013. The mechanism of injury is not detailed. Diagnoses include severe major depression, panic disorder with agoraphobia, chronic pain disorder associated with both psychological factors and a general medical condition, eating disorder, and psychosocial environmental problems. Treatment has included oral medications and cognitive behavioral therapy. Physician notes from the psychologist dated 6-22-2015 show complaints of increased feelings of depression, fluctuating memory, decreased self-esteem, and increased hopelessness. Recommendations include additional cognitive behavioral therapy sessions. The medical necessity for the requested sessions is not established by the provided documentation. Reason: the total quantity of sessions is not clearly stated in the provided medical records. Session quantity is one of the contributing factors on whether additional sessions are medically necessary per industrial guidelines. On the treatment progress note from June 29, 2015 the visit was listed as session number 6 out of 6. On the treatment progress note provided for July 6, 2015 the report is listed as session number 1 out of 6. Clearly, the reported session number is not cumulative and rather it is relative to the authorization. For this reason the total quantity of sessions at the patient has received to date she started treatment is not clearly stated. According to the official disability guidelines, a typical recommended course of psychological treatment would consist of 13 to 20 sessions for most patients. An exception can be made in cases of severe major depressive disorder to allow for an extended course of psychological treatment when the symptoms are very severe and there is significant evidence of patient benefit from the treatment. In this case because the total quantity of sessions are not known it is not clear how he session she has had and whether or not this request exceeds guidelines. The patient may be eligible based on a diagnosis for additional sessions, and does

appear she is making improvements in benefiting from psychological treatment. However, without this additional piece of information medical necessity of this request is not established adequately and therefore the utilization review decision, which did allow for a modification of additional sessions, is upheld.

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

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

**Cognitive behavioral therapy once a week for 10 weeks (cervical): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Mental Illness & Stress Procedure Summary Online Version last updated 03/25/2015.

**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 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 therapy once a week for 10 weeks (cervical); the request was modified by utilization review to allow for 6 sessions of the following provided rationale: "it is noted that the claimant has demonstrated significant improvement with social engagement activity outside the home, increased hope and insight, and starting to accept chronic condition. The claimant is now demonstrating motivated engagement and cognitive behavioral therapy. While there are noted improvements, the claimant still has severe depression and the current symptoms interfere with the claimants recovery return to independent living. Given the sustained benefit from the initial CBT sessions, additional 6 sessions of cognitive behavioral therapy is recommended." This IMR will address a request to overturn the utilization

review decision and authorize 10 visits. 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.