

<b>Case Number:</b>	CM15-0143879		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/14/2000
<b>Decision Date:</b>	09/02/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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 49-year-old female who sustained an industrial/work injury on 10-14-00. She reported an initial complaint of pain radiating to the neck into the top of the shoulders. The injured worker was diagnosed as having major depressive disorder, recurrent; anxiety, insomnia, left shoulder decompression surgery, bilateral ulnar nerve transposition, bilateral carpal tunnel surgery. Treatment to date includes medication, trigger point injections, and psychiatry care. Currently, the injured worker complained of ongoing chronic severe neck flare up pain. Medications are helping with depression, anxiety, insomnia and chronic fatigue. Per the primary physician's report (PR-2) on 5-15-15, exam notes stooped posture, ambulation is slowly, limited cervical range of motion, flexion, extension, and side bending, and tenderness with palpation to the cervical paraspinals, shoulder range of motion is limited, positive Hawkin's test. Trigger point injection was done. Co-management was with a psychiatrist who recommends CBT (cognitive behavioral therapy) as pain is triggered by stress. The requested treatments include Cognitive behavioral therapy times 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy times 6 sessions: 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 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. Decision: A request was made for 6 cognitive behavioral therapy sessions, the request was non-certified by utilization review which provided the following rationale: "the provider recommends cognitive behavioral therapy however the recent mental status examination shows the claimants new and affect are unremarkable and stable. Furthermore, it is noted that the claimant is compliant with current medications. In the absence of evidence of any current psychological symptoms that need to be addressed, the medical necessity of cognitive behavioral therapy is not established." This IMR will address a request to overturn the utilization review decision. According to a risk-management appointment, progress note from March 24, 2015 the patient is noted to be somewhat depressed and anxious but denies current suicidal or homicidal ideation. Is also noted in this report that she is doing "fairly well" and is seeing a psychiatrist for psychotropic medication and feels that her depression and anxiety are fairly stable at this point. According to a primary physician, treating note from May 27, 2015 the patient continues to present with significant symptoms of depression, insomnia, and anxiety as well as ongoing chronic severe pain. Psychological treatment as well as psychotropic medications recommended. Although multiple psychiatric treatment progress records were found in the 44 pages of medical records provided, there was no indication regarding patient's prior psychological treatment history and given that she was injured in 1995, this information is needed in order to determine whether or not the requested treatment is medically appropriate and necessary. Because there is no information provided regarding the patient's prior psychological treatment history, it could not be determined whether or not this request for 6

sessions is a request to start a brand-new course of psychological treatment in the patient who is not received any prior psychological treatment for this industrial injury, or whether this is a request to continue ongoing psychological treatment. If this is a request to continue an ongoing course of psychological treatment then there was no medical records provided to discuss her prior treatment in terms of session quantity and outcome in order to determine whether or not it has been effective and whether she has exceeded industrial guidelines. If this is a request to start a new course of psychological treatment then there is no comprehensive psychological evaluation that was provided in order to establish medical necessity of the request, and the request itself exceeds MTUS guidelines for an initial treatment trial is recommended to be 3 to 4 sessions. Without additional information regarding the patient's prior psychological treatment history, the medical necessity of this request is not established and therefore the utilization review decision is upheld. This is not to say that the psychological treatment is, or is not medically necessary only that the medical necessity of this request was not established due to limited information regarding prior treatment history if any has occurred.