

<b>Case Number:</b>	CM15-0145730		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 50 year old woman sustained an industrial injury on 6-9-2014. The mechanism of injury is not detailed. Diagnoses include major depressive disorder and anxiety disorder. Treatment has included oral medications. Physician notes on a PR-2 dated 7-15-2015 show complaints of sleep disorder (improved), anxiety (improved), depression (improved), and conversion symptoms with face tremors and arm paralysis (improved). Recommendations include continue cognitive behavior therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy 2 x per month for 2 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and 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 cognitive behavioral therapy 2 times a month for 2 months, the request was non-certified by utilization review provided the following rationale for its decision: "Additional sessions of psychotherapy are not medically necessary as there is no indication of how many psychotherapy sessions the claimant has received. This information is essential to gauge the efficacy of psychotherapy and establish a timeline treatment." This IMR will address a request to overturn the utilization review decision. According to the provided medical records, the patient appears to have had an initial psychological evaluation on November 5, 2014, suggesting that she started treatment sometime after that date. It is not known when she started her psychological treatment. A course of 12 cognitive behavioral therapy sessions is recommended at that time to help her "get a good handle on the distress she is experiencing. Monthly sessions and therapy could continue Kaiser. However I think that she requires an individual cognitive behavioral therapy intervention as soon as possible." A treatment progress note was found from July 15, 2015 indicating the following dates of treatment 5/26/15, 6/223/15 and 7/7/15. There appears to be a typo in the 2nd date of service. The medical record reflects strong objectively measured improvement in multiple categories including sleep disorder, anxiety, depression, conversion symptoms of face tremors and arm paralysis all improved substantially. An additional treatment progress note from May 26, 2015 reflected 6 dates of service between March 10 and May 12. 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 total quantity of sessions the patient has received to date could not be

established as it was not clearly stated anywhere the medical records. This information is needed in order to determine whether or not she has exceeded the recommended quantity of treatment sessions per industrial disability guidelines. The MTUS recommends a course of 6 to 10 sessions whereas the official disability guidelines recommend a course of treatment for most patients consisting of 13 to 20 sessions with evidence of functional improvement. While the requirement for functional improvement as a result of treatment appears to be met, it could not be determined whether or not the patient has already exceeded the guidelines recommended for diagnosis. Because it could not be determined definitively whether or not this request exceeds guidelines, the medical necessity the request could not be established and therefore the utilization review decision is not medically necessary on this basis.