

<b>Case Number:</b>	CM15-0149180		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	04/10/2005
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 57 year old female, who sustained an industrial injury on April 10, 2005, incurring upper and lower back, and wrist and knee injuries. Lumbar Magnetic Resonance Imaging revealed disc bulging. She was diagnosed with lumbar disc disease, lumbar radiculopathy, left greater trochanteric bursitis, cervical sprain, left carpal tunnel syndrome and left knee chondromalacia and meniscal tear. Treatment included pain medications, anti-inflammatory drugs, topical analgesic patches, neuropathic medications, antidepressants, cortisone injections, Electromyography studies, and activity restrictions. She underwent left carpal tunnel surgery and left knee arthroscopic surgery in December, 2011. Currently, the injured worker complained of persistent pain of the cervical and lumbar spine and the left wrist and left knee. Pain worsened on weight bearing activities such as walking and standing. Pain in the left wrist caused pain, numbness and tingling. She underwent a lumbosacral facet rhizotomy in January, 2013 with 60-80% improvement of his low back pain for three to four months. She complained of continued neck stiffness and chronic pain resulting in increased depression from the resulting disability. The treatment plan that was requested for authorization included six Cognitive Behavioral Therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Cognitive Behavioral Therapy Sessions (CBT): Upheld**

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

**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 six sessions of cognitive behavioral therapy; (CBT) the request was mom certified by utilization review provided the following rationale: "the medical records do not established documented functional improvement from prior cognitive behavioral therapy sessions to indicate the need for continued treatment. The patient is repeatedly noted to have plateaued. Without continued documented functional improvement, additional cognitive behavioral therapy is not indicated." This IMR will address a request to overturn the utilization review decision. According to the request for continued psychotherapy treatment, from the patient's primary treating psychologist, the patient remains symptomatic with a diagnosis of Major Depression and is being treated with psychotropic medication by a psychiatrist using Cymbalta 60 mg b.i.d. and Wellbutrin SR 150 mg qd. According to a March 19, 2015 psychological review of the patient by the treating psychologist, it is noted that or months had elapsed since the patient has received in cognitive behavioral psychotherapy and that her major depressive disorder became exacerbated. Depression is reported to be more severe with greater isolation and increased time in bed with increased hopelessness and despair and passive ideas of suicide without planner attention. Recommendation for an additional course of psychotherapy as

requested and noted to be reasonable and necessary over the treatment with antidepressant medications. 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. All the provided medical records which included over 101 pages were carefully considered for this IMR. There were essentially no documents regarding the patient's prior psychological treatment history provided for consideration. Important information was missing for example a description of how much prior treatment the patient has received since her industrial injury, approximate number of sessions provided and duration, and objectively measured functional indices of improvement that been derived from prior treatment. No treatment progress notes from individual sessions were provided nor was there a comprehensive summary of psychological treatment received. Continued psychological treatment is contingent upon not only significant psychological symptomology, which the patient is reported to be having, but also, and whether the request is compliant with industrial guidelines. The provider provided a lengthy appeal that the MTUS and official disability guidelines do not apply in this case however that is a determination beyond the scope of this IMR. Because medical necessity is not adequately established by the provided documentation for the above stated reasons, the utilization review decision for non-certification is upheld, therefore is not medically necessary.