

<b>Case Number:</b>	CM15-0149666		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	07/10/2007
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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 46 year old female who sustained an industrial injury on July 10, 2007. A secondary treating office visit dated January 06, 2015 reported subjective complaint of continued physical pain, depression, anxiety, worry and sleep problem. She states that her physical issues and emotional symptoms are negatively affecting her quality of life and social relationships. She states paying out of pocket for medications without noted reimbursement. The plan of care noted cognitive behavioral therapy techniques for sleep improvement; homework assigned, continue with individual therapy session. A primary treating office visit dated January 22, 2015 reported subjective complaint of pain in the left neck and shoulder with numbness into the hands. The following diagnoses were applied: status post bilateral cubital tunnel releases, carpal tunnel releases and ulnar nerve decompression at the wrists; status post left radial tunnel release; status post bilateral first rib resection for thoracic outlet syndrome; left shoulder impingement; bilateral forearm tendinitis; trapezial and paracervical strain; left lateral epicondylitis and left thumb synovitis. The plan of care noted: scheduling a scalene block, continue with home exercises, and probably left shoulder arthroscopy with subcromial decompression. She is to remain temporarily totally disabled. Follow up visit in 6 weeks. The work had previous treatment in to include: activity modification, medications, consultations, and epidural injection and facet blocks. A follow up dated April 23, 2015 reported subjective complaint of with neck pain, states she is doing worse. She is scheduled to start a course of chiropractic therapy that week. Current medications are: Gabapentin, Percocet 7.5mg, Omeprazole, Colace, and Topamax. The following diagnoses were applied: mild central stenosis of the cervical spine at multiple levels; bilateral thoracic outlet syndrome, status post bilateral rib resection, ongoing neck pain and bilateral arm pain and chronic headaches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Continued Psychological treatment/CBT x10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

**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:** 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 co-morbid 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 Continued Psychological treatment CBT x 10, the request was non-certified by UR which provided the following rationale for its decision: "This claimant has attended at least 14 sessions of treatment to date, and review of claim reveals treatment with a PhD as far back as July 2014. Additionally, the documentation is limited regarding objective functional improvements overall and specifically in relation to the most recent treatment. Although discussion indicates that the claimant reports sleeping better, there is limited objective evidence of functional benefit from the recent treatment. After at least one year of treatment and at least 14 sessions, the claimant should be well versed and independent in coping strategies. The medical necessity of the proposed intervention is not established." This IMR will address a request to overturn the utilization review decision. 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 provided medical records indicate that the patient has received at the very minimum 14 sessions of cognitive behavioral therapy, the total quantity of sessions at the patient has received to date is not clearly indicated medical records that were provided by the treating psychologist. Psychiatric evaluations are found dating back to June, 2012, it is not clear when she started psychological treatment, However psychological treatment progress notes were found dating back to September 2013. According to the MTUS guidelines course of psychological treatment (cognitive behavioral therapy) should consist of a maximum of 6 to 10 sessions. The official disability guidelines are somewhat more generous and recommend course of treatment consisting of 13 to 20 sessions maximum. Given that this patient has already received the very minimum 14 sessions since the start of her treatment (but very likely substantially more) the request for 10 additional sessions would exceed the maximum recommended per Official Disability Guidelines. An exception can be made in some cases of very severe or extreme Major Depressive Disorder or PTSD. Although her current psychiatric diagnosis is described as: Major Depressive Disorder, recurrent, it does not appear to be rated at the level of severe or extreme and there is no indication of PTSD provided medical records. According to a treatment progress note from the primary psychologist from June 30, 2015 is noted that the patient is receiving biofeedback in individual therapy been focusing on symptom management, emotional regulation, and sleep hygiene through learning adaptive coping skills and CBT techniques. There is no clear treatment plan with regards to specific goals mentioned and estimated dates of accomplishment more was there a specific discussion of what has been accomplished and prior treatment and what is expected to be accomplished with additional treatment. Objectively measured functional improvements were not provided in the psychological treatment progress note. The treatment progress note from July 22, 2014 does mention that the patient is reporting improved ability to fall asleep at night with cognitive behavioral therapy techniques as well as a ability to reduce negative mood, but continued psychological symptoms remain. Because the patient appears to have exceeded the maximum recommended quantity of treatment per industrial guidelines for industrial related injuries, And because it appears she has been afforded generous quantity of treatment already, the medical necessity of the request is not established her industrial guidelines and for this reason the utilization review decision is upheld. Therefore, the request is not medically necessary.