

<b>Case Number:</b>	CM15-0164669		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	05/31/2006
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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 59-year-old male, who sustained an industrial injury on 5-31-2006. Diagnoses include adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included psychiatric treatment and prescription medications. Per the Primary Treating Physician's Progress Report dated 7-13-2015, the injured worker reported feeling worried, stressed and anxious. He feels worthless and anxious. He reports physical pain in his back, knees and right ankle. He also reports difficulty sleeping, racing thoughts shortness of breath, rapid heartbeat, and death thoughts but denies suicidal ideation. Upon physical examination he appeared sad, anxious, over talkative with bodily tension and poor concentration. The plan of care included, and authorization was requested for 6 individual cognitive behavioral sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 individual cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy Guidelines for Chronic Pain.

**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:** 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 that 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 individual cognitive behavioral therapy sessions, the request was non-certified by utilization review. The rationale for the non-certification decision could not be found readily in the 1100 pages of medical records submitted for this review. 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 do not support the medical necessity and appropriateness of continued cognitive behavioral therapy for this patient at this time. It is not known precisely how much psychological treatment the patient has been afforded but it appears that the quantity exceeds industrial guidelines. There is evidence of treatment throughout 2014 although sporadically, and doing some treatment occurs in 2015. The utilization review report from prior request indicates that the patient has been participating in cognitive behavioral therapy weekly sessions since prior to 2013. Because the total quantity is not known, it could not be determined definitively whether 6 individual sessions would exceed the recommended industrial guidelines which specify 13 to 20 sessions maximum for most patients but an extended course of treatment up to 50 sessions for patients with severe Major Depression. However, it appears most likely that this request would exceed the recommended guidelines for the most

severe cases of Major Depression, and certainly does for the more standard course of treatment recommended industrially. In addition, there is limited documented evidence of objectively measured and long-lasting functional improvement patient benefit as a direct result of treatment. Therefore, the medical necessity the request is not medically necessary per industrial guidelines and thus the utilization review decision is upheld.