

<b>Case Number:</b>	CM15-0168304		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	12/15/2010
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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 56 year old male, who sustained an industrial-work injury on 12-15-10. He reported initial injury to the mouth, contusion to the eye, knee injury, and fractured nose with a trip and fall injury. There were complaints of pain to the neck, low back, left knee, and right upper extremity. The injured worker was diagnosed as having cervical pain, cervical radiculopathy, post-cervical laminectomy syndrome, knee pain, and pain in joint lower leg. Psychological factors included major depressive disorder, primary insomnia, and alcohol dependence, in sustained full remission. Treatment to date has included medication, conservative care, psychological consultation, and surgery (left anterior cruciate ligament (ACL) repair in 2011, left knee replacement in 2013, and cervical fusion in 2011). Previous history included long history of pre-morbid depression, left knee surgery (1980), lumbar fusion (2000), and gastric bypass (2007). CT scan report of the head was reported to be negative. Currently, the injured worker complains of pain in the neck, lumbar back, left knee rated 4-5 out of 10 but can reach as high as 8-9 out of 10. There were neuropathic symptoms to include tingling, numbness, and decreased motor abilities and loss of sense of smell. There were issues with insomnia. Ambulation was with a cane. Mood averages 4-5 out of 10 representing severe mood disturbance. There was no active drug or alcohol use. His activities were passive due to pain. ADL's (activities of daily living) were manageable. Per the psychological evaluation on 6-24-15, the injuries imposed physical limitations that affected his emotional disposition and experiences depressive symptoms that interfere with abilities and interpersonal relationships, rumination of negative thoughts, difficulties with sleep, feelings of sadness and worthlessness,

panic attacks, lack of social support and feelings of passive suicidal ideation. Current plan of care includes cognitive behavioral treatment. The request for authorization date was 6-24-15 and requested service included Cognitive Behavioral therapy 10 sessions for reason for pain management psychologist for pain coping skills training. The utilization review on 7-29-15 denied a request for 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 10 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines August 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 cognitive behavioral therapy 10 sessions, the request was non-certified by utilization review which provided the following rationale (edited) for its decision: "the above psychological evaluation does not establish the basis for psychological intervention. The utilized psychometric assessment is inadequate/inappropriate to elucidate the pain problem, explicate psychological dysfunction, or inform differential diagnosis..." This IMR will address a request to overturn the utilization review decision for non-certification and approve 10 sessions

of cognitive behavioral therapy. December 8, 2014 the patient had a comprehensive psychological evaluation and this included the use of multiple psychological assessment instruments. He was diagnosed with Adjustment Disorder with depressed and anxious mood, mild and Alcohol Abuse in full remission since 2000. It was noted that prior psychological treatment consisted "exclusively of antidepressant medications which also has some benefit for pain, and this medication appears to help his emotional state." Further, it was noted that "he has never had the opportunity for behavioral pain management counseling and may benefit from this." This would consist of a cognitive behavioral oriented pain management psychotherapy in either group or individual setting typically not more than 10 sessions if necessary per MTUS pain management guidelines. It was also recommended that he continue with the medication Cymbalta. On June 24, 2015 the patient had a psychological consultation request for authorization for treatment. At that time, he was diagnosed with Major Depressive Disorder, moderate, recurrent and Pain Disorder associated with both psychological factors and a orthopedic condition. Also diagnosed was Primary Insomnia and Alcohol Dependence in sustained full remission. The request for 10 initial sessions of psychological treatment was again made and detailed information regarding treatment goals provided. The medical necessity of the request was established by the provided documentation. The patient has had two comprehensive psychological evaluations both of which supported the use of psychological treatment. As best as could be determined, the patient has not received any prior psychological treatment for the industrial injury. The utilization review report contains several inaccurate statements dismissing the use of psychometric testing which is supported in the MTUS guidelines under the topic of psychological evaluation. There is one issue with this request that is significant enough to prevent authorization and that is the request is for 10 sessions. The MTUS guidelines and the Official Disability guidelines both recommend clearly that an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) and 4 to 6 sessions (ODG) must be used in order to determine whether or not patient is responding treatment. In this case, an exception will be made to allow for the requested treatment in order to proceed as there has been a significant delay in starting treatment that is now at approximately 10 months since the time of his initial evaluation. But in general there is a need for an initial treatment trial and this request does not follow the required and recommended protocol in that respect. Because of medical necessity the request is established, the utilization review decision is overturned, and the request for 10 cognitive behavioral therapy sessions is approved. Therefore, the request is medically necessary.