

<b>Case Number:</b>	CM15-0186691		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	12/20/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 44 year old male who sustained an industrial injury on 12-20-13. A review of the medical records indicates he is undergoing treatment for pain in joint of the lower leg, pain in joint of the ankle and foot, and skin sensation disturbance. Medical records (7-7-15) indicate that the injured worker complains of feelings of sadness, irritability, anxiety, guilt, decreased interest in social activities, and decreased sexual desire, as well as relationship difficulties. He also has symptoms of depression, including fatigue and decreased motivation. The injured worker reports "mild" cognitive dysfunction including lapses in memory and difficulty concentrating. He has difficulty falling asleep "due to anxious ruminations". The records indicate a treatment history of left knee arthroscopic surgery on 9-28-14, physical therapy, a home exercise program, and medications. He has no previous psychiatric history, but "acknowledges consuming alcoholic beverages at a frequency of approximately 6 drinks per week, primarily on weekends". His psychosocial history reveals a previous marriage and three children. He currently is in a relationship with a girlfriend, who he describes as his primary support. He also states he has "good friends" who support him. He reports his relationship with his girlfriend is "strained due to increased conflicts he attributes to his increased irritation". He reports that he is able to "attempt to care for his children" and "help with the housework". He states that he is "depressed and worried most of the time most days". He reports that his pain syndrome has affected his ability to "function", including having "gainful employment", as well as house cleaning, shopping, running errands, visiting with family, caring for children, maintaining an active sex life, and engaging in hobbies and recreational activities. His diagnoses

include anxiety disorder, major depressive disorder, pain disorder associated with both psychological factors and a general medical condition, and psychosocial environmental problems. The evaluation note states "without intervention" the injured worker "is at risk for further emotional deterioration, prolonged utilization of extensive treatment modalities and requiring a higher level of care. The treatment recommendation is for individual cognitive behavioral treatment to assist him in managing and coping with symptoms of depression, anxiety, and the effects of chronic pain. The utilization review (8-29-15) indicates a request for 12 sessions of cognitive behavioral therapy. The request was modified to 4 sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cognitive behavioral therapy 12 sessions:** Upheld

**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): Behavioral interventions, 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 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. Decision: a request was made for cognitive behavioral therapy 12 sessions; the request was modified by utilization review to allow for four sessions with the remaining eight sessions non-certified. This IMR will address a

request to overturn the utilization review's 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. According to the provided medical records, the patient was evaluated for a functional restoration program in May 14, 2015 and was diagnosed with the following: "Pain disorder associated with both a General medical condition and psychological factors; R/O Major Depressive Disorder, Single episode, Mild; and General Anxiety Disorder. The conclusion of the functional restoration program evaluation was that he would be an appropriate candidate, however is not clear if he did in fact participate in a functional restoration program or not, and if so how much psychological treatment he may have received during the course of that program. Over 1100 pages of medical records were submitted for consideration, there were several notations that the functional restoration program appears to have been not approved. On July 7, 2015 the patient did have a comprehensive psychological evaluation and treatment plan. It was indicated that the injury was caused by him slipping on ice during the normal duties as a roofer and fell off a roof landing on his feet and then falling backwards. The evaluation identified him as having the following the same psychiatric disorders in the above-mentioned functional restoration program evaluation. Treatment recommendations included individual cognitive behavioral therapy and referral for biofeedback training and psychopharmacological evaluation. Although the medical records that were provided were carefully reviewed, it could not be determined whether there were any psychological treatment progress notes in them it did not appear that there were. Therefore it is assumed that this is a request to start a new course of psychological treatment and the patient that has not yet received any psychological treatment. In the absence of any clear psychological treatment records there is an assumption made that because the patient has not received any prior psychological treatment that the request is to start a new course and therefore an initial treatment trial, per MTUS guidelines, is needed. The MTUS guidelines recommend an initial brief treatment trial consisting of 3 to 4 sessions in order to determine if the patient is benefiting from the treatment prior to authorizing further sessions. For this reason the utilization review modified the request for 12 sessions to allow for a brief treatment trial of four sessions. The medical necessity the request for 12 sessions is not established due to an absence of information regarding prior psychological treatment and an apparent indication that he is not had any. Therefore the utilization review determination to modify the decision is upheld. The request is not medically necessary.