

<b>Case Number:</b>	CM15-0189678		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 49 year old female, who sustained an industrial injury on 9-24-09. The injured worker is being treated for chronic pain and chronic regional pain syndrome. Treatment to date has included left ganglion block, transcutaneous electrical nerve stimulation (TENS) unit, oral medications including Methadone, Naproxen, Citalopram and Lyrica; topical Butrans patch; functional restoration program and activity modifications. On 8-27-15, the injured worker reports increased sensitivity in participation as well as overall exercises, noted some headache and anti-depressant is keeping her positive and moving forward. She is currently not working. Physical exam was not performed; it was noted she scored moderate depression with a psychological test. A request for authorization was submitted for psychological support cognitive behavioral therapy. On 9-2-15 a request for psychological support cognitive behavioral therapy was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 cognitive behavioral therapy sessions for psychological support: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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) recommends 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. A request was made for 8 cognitive behavioral therapy sessions for psychological support; the request was non-certified by UR which provided the following rationale for its decision: "(prior) Certification of a total of 160 hours in the ████████ HELP program. Presumably, such a program would include psychological approaches. There is no discussion of this program. There is no detailed discussion of the efficacy of prior treatment. There is no comparison with prior exams. The current exam shows injured worker has learned management strategies for physical, mental, social, spiritual and environmental perspectives and has developed a sleep improvement plan. She was administered a test and scored with moderate depression, so eight sessions of cognitive behavioral therapy are requested." Injured worker has had unknown prior sessions, no documented re-injury. Based on the diagnosis and considering the very chronic nature of the condition, and the fact that he injured worker has just finished an extensive 160 hour functional restoration program and considering the lack of detailed discussion of prior psyche therapy such as cognitive behavioral therapy over the years, and lack of new hard clinical indications for the need for a sessions of cognitive behavioral therapy, at this time, according to the MTUS treatment guidelines the request is not medically necessary." 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. According to the provided medical records, the patient completed a functional restoration program in August 2015 with participation in June 2015 during which she received psychological group treatment and was noted in a treatment summary to have worked on a personalized integrative pain management plan with flair prevention and pain management strategies from the physical, mental, social, spiritual environmental perspectives. Her depression remained in the moderate range and functional restoration program recommended the eight additional sessions of CBT. 248 pages of medical records were provided for consideration specifically for this IMR. However, all of the pages appeared to be related to her functional restoration program. No documentation was provided regarding prior psychological treatment that she received prior to the functional restoration program. Additional psychological treatment may, or may not be indicated for this patient, but in the absence of any detailed information regarding prior psychological treatment including quantity and outcome the medical necessity of psychological treatment is not established. The patient was injured in 2009 and it appears likely that she did receive prior psychological treatment, however even this was not able to be verified because no treatment progress notes were provided. There is no comprehensive psychological treatment plan for this patient nor is there any description of what these additional sessions would achieve with stated goals and estimated dates of accomplishment over and above what has already been provided to the patient. Requests for psychological treatment must establish the medical necessity the request in this case that has not been done. Therefore, the utilization review decision is upheld for non-certification. The request is not medically necessary.