

<b>Case Number:</b>	CM15-0202794		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 29 year old female, who sustained an industrial injury on 10-23-2013. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive episode, post-traumatic stress disorder, and alcohol abuse. The Psychiatric Progress Note dated 8-13-2015, noted the injured worker had stopped drinking for a period of time, currently drinking episodically. The injured worker's mood was noted to not be good, feeling depressed and crying. The injured worker's sleep and energy were noted to not be good, with poor concentration, making mistakes at work. The mental status examination was noted to show the injured worker looking fatigued, struggling with her mood, struggling with her drinking, and struggling with her relationships. The Physician noted the injured worker could not be on medications due to drinking alcohol. Prior treatments have included meditation classes noted to be helpful and psychiatric follow-up. The treatment plan was noted to include recommendations for [REDACTED] speaking AA meetings and return to cognitive behavioral therapy (CBT). The injured worker's work status was noted to be currently working. The request for authorization dated 8-13- 2015, requested cognitive behavioral therapy (CBT) sessions. The Utilization Review (UR) dated 9-29-2015, modified the request for cognitive behavioral therapy (CBT) to certify 4 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **CBT sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Chapter.

**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. Decision: A request was made for "CBT sessions" (unspecified quantity) the request was modified by utilization review to allow for 4 CBT sessions. This IMR will address a request to overturn the utilization review decision. Is not entirely clear what is going on here, the request appears to have been unspecified initially in terms of treatment quantity being requested. All psychological treatment requests reaching the IMR level must have specific quantity associated with the request in order to determine whether or not it is medically necessary and consistent with industrial guidelines. In this case the patient appears to have had according to the utilization review report three sessions of prior cognitive behavioral therapy but did not connect with the treatment and appears to not benefited from it. The medical records indicate that this juncture the patient is now in a different psychological state and more open to the process. The industrial guidelines for psychological treatment recommend an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) or 4 to 6 sessions (ODG) in order to determine patient response to treatment. Once the initial treatment trial is completed and submitted documentation of objectively measured functional improvement

(e.g. increased activities of daily living, decreased dependency on future medical care, increased social activities or volunteer activity or a reduction in work restriction as some examples) additional sessions can be authorized based on medical necessity. The official disability guidelines suggest a course of psychological treatment consisting of 13 to 20 sessions maximum for most patients, however there is an exception that is made in some cases of severe major depressive disorder or severe PTSD symptomology to allow for treatment up to 50 sessions with continued documentation of patient benefit and measured functional improvement. In this case psychological treatment does appear warranted. However the request for psychological treatment was submitted for this IMR is nonspecific for quantity. Utilization review authorized four sessions for cognitive behavioral therapy. 3 to 4 sessions are appropriate for an initial treatment trial. The medical necessity of CBT sessions (unspecified quantity) is not established because the quantity is not specified. Unspecified treatment quantity is equivalent of open-ended and unlimited treatment for which the medical necessity is not established. For this reason the utilization review modification decision is upheld. The request is not medically necessary.