

<b>Case Number:</b>	CM15-0204012		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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 62 year old male, who sustained an industrial injury on 12-3-12. The injured worker was diagnosed as having cervical strain-sprain; cervical HNP with right radiculopathy-stable; post concussive syndrome- stable; chronic pain syndrome-stable; depression, major - recurring; cognitive dysfunction. Treatment to date has included chiropractic therapy; status post right shoulder surgery (3-2013) and right knee surgery (10-2013); physical therapy; medications. Currently, the PR-2 notes dated 8-18-15 indicated the injured worker complains of pain in the head, neck, right shoulder, mid back, low back and right knee. The provider documents the "quality of the pain is described as achy, burning, throbbing, shooting, and numb; tingling with severity is 8 out of 10 and constant. Modifying factors are worse with bending, improves with medications use. Current pain is 7 out of 10 and least reported pain is 6 out of 10. The average pain is 7 out of 10 and intensity after taking medications is 6 out of 10. How long the pain relief lasts is 2-4 hours." Current medications are listed as Norco 10-325mg and Vistaril 25mg. The provider documents a physical examination as "neck - decreased painful range of motion with positive tender to palpation diffusely." The provider notes the injured worker is frustrated that he is unable to continue brain injury day treatment due to lack of authorization. He also continues to struggle with insomnia due to pain. The treatment plan is to continue psychiatric treatment and awaiting authorization for additional CBT treatment. He is requesting a refill of Norco but discontinuing Vistaril as it is ineffective. He requests a neuro follow-up and recommending a trial of OTC Melatonin 5mg for insomnia. A Request for Authorization is dated 10-16-15. A Utilization Review letter is dated 9-18-15 and non- certification for Cognitive Behavioral Therapy x 6 sessions. A request for authorization has been received for Cognitive Behavioral Therapy x 6 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cognitive Behavioral Therapy x 6 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) Chronic Pain- Cognitive Behavioral Therapy.

**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:** A request was made for six sessions of cognitive behavioral therapy, the request was non-certified by utilization review which provided the following rationale for its decision: "Claimant has had prior cognitive behavioral therapy and psychotherapy however, the total number is unknown. Most current site note provided from July 24, 2015 states claimant's pain complaints, functional complaints, depression, and anxiety have remained the same. Extent which prior cognitive behavioral therapy has been objectively and functionally beneficial is not adequately stated. However given the clinical information provided, symptoms have remained the same, it does not appear claimant has made significant gains with prior cognitive behavioral therapy. Request for additional is not medically necessary this time." This IMR will address a request to overturn the utilization review decision for non-certification of the six sessions of cognitive behavioral therapy. A neurological consultation and supplemental report from April 9, 2015 indicated that that the patient has evidence of mood and expressive language deficits, moderate impairment of memory, moderate impairment of attention, and decreased balance. There is also evidence of depression and recommendation for the patient received psychiatric evaluation and psychological support simultaneously with brain injury day treatment in order to help him "best rehabilitate from his injury." According to a May 1, 2015 request for authorization, the patient has been diagnosed with: Post-concussive syndrome and chronic pain syndrome both of which were listed as stable. An individual psychological treatment progress note from February 13, 2015 was reviewed and it noted that the patient has been participating in psychological treatment on an outpatient basis and has attended two out of eight authorized sessions and is being treated for depression and anxiety by a psychological assistant to [REDACTED] on a weekly basis. Comments in this progress note suggest strongly that his psychological treatment has started recently and topics covered were ones that are done in the first or second session. This suggests that he has not received an inordinate amount of psychological intervention at that time although this could not be determined definitely. A neurological consultation from April 2015 suggests also that he has not started a recommended day brain treatment program. On May 29, 2015 there is an initial psych eval and a note on authorization for 3 initial trial sessions approved and those appear to have occurred in June and July. Suggesting treatment may not have started until then. Report from July 27, 2015 indicates "since

Starting cognitive behavioral therapy" the patient's tolerance for work, strength and endurance, reliance on other forms of treatment, have all remained the same. According to a evaluation date of July 24, 2015 the patient attended three out of three cognitive behavioral therapy sessions, however this is not a cumulative indication of how much treatment the patient has received to date but rather a reflection of quantity relative to the authorization. The patient continues to remain cognitively symptomatic with significant symptoms of mental impairment, depression and anxiety. A treatment plan for 6 sessions of CBT is described. It is noted again in a September 4, 2015 report that the patient was supposed to start participating in brain injury clinic for the treatment of depression and cognitive dysfunction however, it is not clear how much of this treatment was provided and what the outcome has been. Although there were individual treatment progress notes provided, and that it does appear that the patient is participating in his psychological treatment, it could not be determined how many sessions the patient has received to date. This information is needed. The quantity of treatment sessions provided was described relative to the number of sessions that were authorized rather than a cumulative total. For example, it was reported that eight sessions have been authorized and the patient participated in three of them, however this is not a cumulative total of all the sessions that have been received by the patient to date. If the patient has in fact only had eight sessions of cognitive behavioral therapy as an outpatient then additional sessions would be appropriate and medically indicated (even in the context of a lack of objectively measured improvement due to the severity of the reported cognitive deficits which can require additional cognitive treatment). Medical necessity is contingent upon whether or not the request is consistent with industrial guidelines which recommend that course of psychological treatment consists of 13 to 20 sessions for most patients although an exception can be made in cases of severe major depressive disorder to allow for additional sessions up to 50; which might apply to this patient who appears to be suffering from head injury related psychological and cognitive deficits at a significant level. In addition, there is no clearly stated evidence that the patient is actually benefiting from his psychological treatment. The only clear report on treatment outcome states that symptoms have remained "the same" since starting cognitive behavioral therapy. These issues were pointed out in the UR determination and there does not appear to be any additional or new supporting documentation added for this IMR. There is no letter from the therapist addressing these issues. Because of this, the medical necessity of the request was not established and the UR decision is upheld. This decision is not to say that the patient does not (or does) need further psychological treatment on an industrial basis for his industrial injury, only that this request was not found to be medically necessary due to limitations in the supporting clinical documentation submitted for this IMR.