

<b>Case Number:</b>	CM15-0209870		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	10/19/2011
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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:

This 46 year old female sustained an industrial injury on 10-19-11. Documentation indicated that the injured worker was receiving treatment for depression and cognitive deficits following a carbon monoxide exposure. Previous treatment included psychotherapy, cognitive behavioral therapy and home exercise. The number of cognitive behavioral therapy sessions was unclear. In a psychological progress noted dated 4-16-15, the injured worker continued to feel depressed most of the time. The injured worker continued to sleep a lot and "lacked energy to cope". The injured worker stated that she did not feel like doing anything but "was able to see very clearly that when she increased her physical and social activities her depression lifted and she felt better". In a PR-2 dated 9-21-15, the physician stated that the injured worker's depressive symptoms had decreased in the last number of months with cognitive behavioral therapy. The injured worker reported that she still experienced cognitive deficits including problems with thinking, attending and concentrating and difficulty with memory. The injured worker could not learn new concepts or concentrate over lengthy tasks. The injured worker reported that she did not believe that she could return to work. The injured worker was trying to do 150 minutes or aerobic activity per week, taking oral supplements, making dietary changes, practicing relaxation techniques, taking online classes to stimulate her brain and playing a videogame that had been shown to improve cognitive function. The treatment plan included requesting authorization for eight more sessions of cognitive behavioral therapy. On 10-6-15, Utilization Review non-certified a request for psychotherapy, 8 additional cognitive behavioral therapy sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Psychotherapy 8 additional cognitive behavioral therapy (CBT) sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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:** Citation Summary: 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. A request was made for Psychotherapy, eight additional cognitive behavioral therapy sessions; the request was noncertified by utilization review which provided the following rationale for its decision: "(The patient) has been treating for several years in regards to these cognitive deficits. She has received over 58 cognitive behavioral therapy sessions. Documentation presented is mainly subjective. ODG indicates in cases of severe depression that up to 50 sessions is recommended. There is insufficient documentation of objective evidence of derived functional improvement from completed sessions. Based on the currently available information medical necessity for additional cognitive behavioral therapy is not established and therefore the request is denied." 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 MTUS treatment guidelines for use of cognitive behavioral therapy on an industrial basis for patients with industrial injuries, 6 to 10 sessions is mentioned as the maximum quantity of treatment sessions that is recommended. The Official Disability Guidelines is somewhat more generous and allows for a recommended typical course of psychological treatment to consist of 13 to 20 sessions provided that there is documentation of patient benefit and functional improvement. In this case it is reported that the patient has received over 58 cognitive behavioral therapy sessions to date. The total quantity of treatment sessions the patient has received is not reported precisely. The treatment has been occurring over reportedly several years. The ODG guidelines to allow for an extended course of psychological treatment to allow for up to 50 sessions in cases of severe Major Depressive Disorder or PTSD. According to a treatment progress note from September 27, 2015 the patient has a diagnosis of Major Depressive disorder, single episode rated at moderate severity. At this point the patient has reportedly exceeded the maximum quantity of sessions that is reserved for patients who may exhibit most severe symptoms of Major Depressive Disorder or PTSD. Fifty-eight pages of medical records were provided and reviewed for this IMR. The medical records do reflect that the patient has been benefiting from her psychological treatment, and as increased functional behaviors, as well as reports remaining significantly clinically symptomatic as a result of exposure to carbon monoxide. Because the quantity of sessions at the patient has received exceeds industrial guidelines upon which these decisions are made, the medical necessity of further treatment is not established on that basis and therefore the utilization review determination is upheld. The request is not medically necessary.