

<b>Case Number:</b>	CM15-0022451		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	10/19/2009
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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 56-year-old female who sustained an industrial injury on October 19, 2009. She has reported neck pain and pain into the arms and has been diagnosed with neck and shoulder strain. Treatment has included pain medications and acupuncture. Currently the injured worker had pain in the shoulders and was unable to braid her hair. The treatment plan included activity modification and pain medications. On January 26, 2015 Utilization Review non-certified outpatient cognitive behavioral therapy 6 visits once a week for six weeks citing the MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy 1x6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines Page(s).

Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 2014 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 measureable/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) allows for a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. According to the provided medical records, the patient has been diagnosed with the following psychological disorders: Major depressive disorder, generalized anxiety disorder and sleep disorder. A treatment progress note from the patient's nurse practitioner from June 17, 2014 indicates the patient is participating in cognitive behavioral therapy and is also receiving EMDR. Continued psychological treatment is contingent upon all 3 of the following being clearly documented: significant patient psychological symptomology, total quantity of sessions provided to date consistent with official disability guidelines and MTUS guidelines, and evidence of patient benefited from prior treatment including but not limited to objectively measured functional improvement. The documentation that was provided for consideration for this independent medical review was insufficient to establish the medical necessity of the request. There was no direct communication or psychological progress notes from the treating provider. Although the treatment was referred to in several notations by a registered nurse practitioner, there was almost no discussion of the patient's psychological treatment. There's no clear treatment plan with stated goals there's no indication of how much treatment she is already received to date, there is no indication of patient benefit or objectively measured functional improvements. Due to these factors, the medical necessity the request could not be established. Because the medical necessity the request could not be established the utilization review determination for non-certification is upheld.