

<b>Case Number:</b>	CM15-0023131		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	02/03/2015
<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 52 year old male, who sustained an industrial injury on February 20, 2014. The injured worker had reported a right shoulder injury. The diagnoses have included strain of the rotator cuff capsule, adhesive capsulitis of shoulder, chronic impingement syndrome, osteoarthritis of the acromioclavicular joint, bilateral tenosynovitis and sprain of unspecified site of shoulder and upper arm. Treatment to date has included pain management, MRI of the right shoulder, physical therapy, exercise and a shoulder injection. Current documentation dated January 6, 2015 notes that the injured worker reported no significant change in the right shoulder pain and clicking on movement. He also reported continued problems with his arm. Physical examination of the right shoulder revealed pain and decreased range of motion. A Neer's test and Hawken's test were positive. Rotator cuff strength was a four out of five. On February 3, 2015 Utilization Review non-certified a request for group cognitive behavioral therapy times 6 sessions. The MTUS, ACOEM Guidelines, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited. On February 6, 2015, the injured worker submitted an application for IMR for review of group cognitive behavioral therapy times 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Group cognitive behavioral therapy, six sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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, cognitive behavioral therapy, psychotherapy guidelines, figure 2015 update.

**Decision rationale:** Citation: 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) allow 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. Decision: A request was made for 6 sessions of cognitive behavioral therapy, the request was non-certified by utilization review who stated as a rationale (2/3/15) that "there was no Psychological evaluation indicating subjective psychological links or objective findings to suggest psychiatric diagnosis. As such the medical necessity for psychological treatment is unsubstantiated." On January 2, 2015 a similar request was made for 6 sessions of cognitive behavioral therapy and this was approved. The utilization review notations at that time cite a detailed psychiatric evaluation including diagnosis and psychological symptoms. Thus the non-certification for this request is somewhat confusing given that there is adequate information in the medical record detailing the patient's current psychological condition. According to a group psychotherapy progress note from December 4, 2014 the patient attended his 9th session of group therapy and expressed worry and concern related to work. The patient has been diagnosed with adjustment disorder with mixed disturbance of mood and conduct and insomnia related to a mental disorder. The patient reports having learned more adaptive ways of coping with 4 troubles and is benefiting from group therapy as well as learning to find meaning in his work stressors. Continued psychological treatment is contingent upon documentation of all of the following: significant patient psychological symptomology, evidence of patient benefited from prior treatment, and at the total quantity of sessions received to date is conforming with the above stated guidelines. For most patients this would include a maximum of 13 to 20 sessions. It is not clear exactly how many sessions the patient has received to date, and while this

information is needed in order to determine whether or not the request exceeds guidelines in this case it does not appear to be based on a rough estimate of when the patient started treatment and the documentations provided. Because the request appears medically necessary given the patient's continued psychological symptomology, evidence of benefit from prior sessions, and that the total sessions to date do not appear to exceed the maximum quantity. The request to overturn the utilization review determination for non-certification is approved.