

<b>Case Number:</b>	CM15-0026060		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	07/17/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 44 year old female sustained an industrial injury on 7/17/08. She subsequently reports low back pain that radiates to her legs. The injured worker has undergone back surgeries. Treatments to date have included prescription pain medications, TENS therapy and acupuncture. The injured worker receives cognitive behavioral psychotherapy sessions to treat anxiety and depression. On 2/3/15, Utilization Review non-certified a request for Continued cognitive behavioral psychotherapy sessions 2x3 (6 sessions, biweekly every other week). The Continued cognitive behavioral psychotherapy sessions 2x3 (6 sessions, biweekly every other week) was denied based on MTUS and ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued cognitive behavioral psychotherapy sessions 2x3 (6 sessions, biweekly every other week): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG cognitive behavioral therapy (CBT) guidelines for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Mental Illness and Stress, ODG Psychotherapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy guidelines for chronic pain. See a. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, cognitive behavioral therapy, psychotherapy guidelines, March 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 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) 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. According to the provided medical records, the patient has received 27 out of 28 authorized sessions at the time that this request was made for 6 additional visits. Treatment progress notes report that the patient is undergoing stress due to husband's disability and the additional sessions are needed to help taper her treatment down. The official disability guidelines state that for most patients of course of psychological treatment consisting of 13-20 sessions maximum is appropriate and recommended. The MTUS guidelines are more restrictive and suggest a course of treatment consisting of 6 to 10 sessions total maximum. Although there is a provision for patients who have been diagnosed with severe major depressive disorder or PTSD these exemptions do not appear to apply. The patient has been diagnosed with the following: adjustment disorder with anxiety and depressed mood. The patient has received an extended course of psychological treatment and is at least 7 or 8 sessions over the maximum recommended for her diagnoses. Although she does appear to have benefited from her psychological treatment because she has reached the maximum quantity and apparently has exceeded it additional sessions are not indicated as medically necessary based on the treatment guidelines for her diagnoses. Because of this the medical necessity was not established and therefore the utilization review determination is upheld.