

<b>Case Number:</b>	CM15-0211111		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	09/26/2007
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 59 year old female who sustained an industrial injury on 9-26-07. Medical records indicate that the injured worker has been treated for myelopathy; lumbar radiculopathy; grade 1 anterolisthesis; herniated nucleus pulposus; depressive disorder; panic disorder. She currently (9-30-15) has received 6 cognitive psychological behavioral therapy treatments. The injured worker's functional improvement after these sessions has shown a reduction in severity and frequency of anxiety, depression and agitation. Her initial psychological tests from 6-24-15 indicated severe and frequent symptoms of anxiety, worry, excessive preoccupation, insomnia, agitation, concentration problems and sleep difficulties. In addition she had some high measures for depression and anxiety. Her psychological tests after treatments indicated moderate and less frequent symptoms as well as more effective coping skills and those coping skills are more task oriented versus the emotional oriented coping skills she had used in the past. Her physical complaints as of 9-28-15 included neck pain with radiation of numbness, tingling and pain to both arms and hands with a pain level of 4 out of 10; back pain with numbness, and tingling radiating down both legs to feet with a pain level of 6 out of 10. Her range of motion of the cervical, thoracic and lumbar spine was decreased in all planes; there was tenderness to palpation of the right lateral hip and pain with range of motion of the hip. Treatments to date include physical therapy (22 visits with less than 50% relief; 20 sessions of acupuncture with benefit; interlaminar epidural steroid injection, C3-4 (1-16-15), repeat, on 5-29-15 with 50% relief medications: Pamelor, Prilosec, capsaicin cream, Zoloft; chiropractic treatments (22 visits with less than 50% relief); cognitive behavioral therapy (6 sessions) with

benefit. The request for authorization dated 9-23-15 was for cognitive behavioral therapy physiological treatment, 10 sessions for reduction of pain, sleep improvement and mood changes. On 10-8-15 Utilization Review non-certified the request for cognitive behavioral therapy physiological treatment, 10 sessions, modified to 4 sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CBT Psychological Treatment #10 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The injured worker has been treated for myelopathy; lumbar radiculopathy; grade 1 anterolisthesis; herniated nucleus pulposus; depressive disorder; panic disorder and has completed 6 cognitive psychological behavioral therapy treatments so far with evidence of functional improvement. The request for CBT Psychological Treatment #10 sessions in addition to six completed sessions will exceed the psychotherapy guidelines for chronic pain. Thus, the request for CBT Psychological Treatment #10 sessions is excessive and not medically necessary. It is to be noted that the UR physician provided partial authorization for 4 sessions.