

<b>Case Number:</b>	CM15-0211668		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	06/15/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 60 year old female, who sustained an industrial injury on 06-15-2014. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for major depression, thoracic and lumbar neuritis, displaced lumbar intervertebral disc and low back pain. Medical records (04-29-2015 to 09-02-2015) indicate ongoing depression, difficulty dealing with stress and pain. Records also indicate no significant measurable improvement in the IW's depression, mood, levels of stress, and changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The psychological PR, dated 06-10-2015, the IW had received 12 sessions of cognitive behavioral therapy, and 6 additional sessions were requested on 06-11-2015 and approved. These notes also indicated that the IW was continuing to learn and implement coping skills to reduce stress, mood and affect. Other later PRs states that the IW is doing well on Effexor and progressing. Relevant treatments have included psychological therapy, physical therapy (PT), work restrictions, and medication. The request for authorization was not available for review; however, the utilization review letter stated that the following therapy was requested on 10-01-2015: 6 sessions of continued outpatient cognitive behavioral therapy. The original utilization review (10-05-2015) non- certified the request for 6 sessions of continued outpatient cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continue cognitive behavioral therapy 6 sessions as outpatient:** Overturned

**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): 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:** 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. Decision: a request was made for continued cognitive behavioral therapy as an outpatient for six sessions; the request was not non-certified by utilization review which provided the following rationale for its decision: "After 18 sessions of individual psychotherapy, the claimant continues to report severe depression and anxiety, along with increased somatic visitation and catastrophize and. The functional progress obtained after 18 sessions of CBT has been minimal. The request for six additional sessions of individual psychotherapy (IPT) is excessive and does not meet current guidelines for approval at this time." This IMR will address a request to overturn the utilization review decision of non-certification and approved six additional sessions of outpatient cognitive behavioral therapy. 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 provided medical records, the patient is reported to

continue to have psychological symptomology the clinically significant level, the patient is reported to be showing improved affect and working through stress in his treatment. There is no patient is continuing to have difficulty dealing with stress and pain but is motivated to continue to work on his psychological issues. She is diagnosed with Major Depressive Disorder, severe, recurrent without psychotic features. According to a treatment progress note from the patients psychologist August 19, 2015 session number 16 of 18 authorized, it is noted that the patient continues to implement coping skills to decrease her stress levels as reporting improved ability to deal effectively with her stress and pain and working on goals of increasing quality-of-life while decreasing levels of stress but continues to have difficulty with stress and pain. There are notes in an earlier psychological treatment progress note from June 2015 of increased physical activity and social activity as well as patient reports of subjective improvement in mood and affect. No objectively measured functional indices (e.g. psychometric assessment tools documenting functional improvement were included for consideration). Objectively measured functional assessment tools are needed in order to establish patient benefit and treatment progress. In this case, it because the patient appears to be making progress in her treatment and because she does not appear to have received an inordinate amount of psychological treatment and despite the lack of objectively measured functional improvement based on assessment tools there is subjective reports of patient benefit. While this glaring omission would typically be sufficient to deny the request to overturn the utilization review decision, an exception will be made in this case because the official disability guidelines to allow for additional treatment in cases of Major Depressive Disorder rated as severe intensity when there is evidence of patient benefit from treatment. Therefore, the request is medically necessary and utilization review decision is overturned.