

<b>Case Number:</b>	CM15-0047119		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	01/06/2011
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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 (IW) is a 48-year-old female who sustained an industrial injury on 01/06/2011. Diagnoses include major depressive disorder, recurrent episode, severe. Treatment to date has included medications and cognitive behavioral therapy (CBT). According to the PR2 dated 2/2/15, the IW reported increased stress and an exacerbation of pain. She had to visit the emergency room due to pain; this was stated to have caused her to miss some of her CBT classes. The physician stated CBT coping skills were being implemented as evidenced by the IW's increased physical and social activity as well as her school attendance. Cognitive behavioral therapy 6 sessions was requested due to recent problems stemming from depression and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six sessions of cognitive behavioral therapy, per 2/2/15 order:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102, see also 23-24. Decision based on Non-MTUS

Citation Official disability guidelines, mental illness and stress chapter, topic: 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 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. A request was made for 6 sessions of cognitive behavioral therapy, the request was non-certified by utilization review with the following rationale provided: "the patient displays functional benefit, acquired mastery of coping skills, and apparent adaptive functioning. Thus, it is unclear why the patient warrants ongoing psychological intervention on an industrial basis per the industrial guidelines." According to a provided treatment progress note from September 15, 2014 the patient continues to implement her coping skills and is showing improve affect in the treatment plan is listed as to continue cognitive behavioral therapy and continue psychotropic medication management. Progress note does not reflect how many sessions the patient has received to date, the discussion of patient benefit from treatment does not reflect objectively measured functional improvements to the extent that would warrant additional treatment, the progress note does not contain of the specific treatment plan for the sessions with specific goals and estimated dates of expected accomplishment. A somewhat more detailed treatment progress note from September 29, 2014 states that the patient continues to implement her coping skills learned therapy and increases her physical activity and again states that her affect continues to improve with the same treatment plan is listed above. The more detailed progress note was found from February 2, 2015 discussing improved patient physical activity and improved ability to gain mastery in coping with stress. It also notes an emergency room visit that occurred for Christmas due to pain. Overall, although a few treatment progress notes were provided with regards to this patient's psychological care, the documentation provided was insufficient to establish the medical necessity of psychological treatment. It is unclear specifically how much treatment she has received to date. This information is needed in order to determine whether the additional requested treatment is consistent with MTUS/official disability guidelines or exceeds them. In addition, there is no active treatment plan specifically with goals and estimated dates of accomplishment nor is there any detailed discussion of what has already been accomplished in her therapy. Due to inadequate documentation of patient medical necessity

for the requested treatment, the utilization review determination for non-certification is upheld. This is not to say that the patient does, or does not require additional psychological treatment only that the medical necessity was not established by the documentation provided consideration for this review.