

<b>Case Number:</b>	CM15-0050713		
<b>Date Assigned:</b>	03/24/2015	<b>Date of Injury:</b>	04/14/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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 41-year-old male, who sustained a work/ industrial injury on 4/14/14. He has reported initial symptoms of neck and low back pain with radiation to left leg. The injured worker was diagnosed as having cervical radiculitis, lumbosacral or thoracic neuritis, cervical strain/sprain, lumbar sprain/strain, and myofascial pain. Treatments to date included medication, Transcutaneous Electrical Nerve Stimulation (TENS) unit, diagnostics, and chiropractor. Magnetic Resonance Imaging (MRI) of the cervical spine of 9/26/14 reported shallow broad based right paramedian disc herniation C3-4, C4-5, mild broad based disc protrusion to left C5-C6, mild central disc protrusion C2-3, and no evidence of fracture/dislocation, marrow replacing process or cervical cord abnormality. MRI of the lumbar spine reported disc degeneration with left paramedian disc herniation at L5-S1. Currently, the injured worker complained of low back pain that radiated down the left leg to foot along with anxiety and depression. The treating physician's report (PR-2) from 2/3/15 indicated the pain was intermittent, burning, and felt tense and pops. There was numbness and tingling in the left foot. Neck/upper back pain (L>R) and was reported as 3/10. Medications included Tramadol, Naproxen, Gabapentin, and LidoPro cream. Treatment plan included CBT (cognitive behavioral therapy), 6 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBT (cognitive behavioral therapy), 6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 23-24. Decision based on Non-MTUS Citation ODG: Mental Illness and Stress Chapter: Cognitive behavioral therapy, Psychotherapy guidelines, March 2015 update.

**Decision rationale:** Citation Summary: 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 co morbid 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 modified downward by utilization review to allow for 4 sessions and the remaining two sessions were non-certified. The rationale for this determination is that the MTUS guidelines recommend that at the outset of a course of psychological treatment and initial brief treatment trial consisting of 3 to 4 sessions to be offered as a way to determine whether additional sessions are medically indicated based on patient benefit from the initial brief treatment trial. The official disability guidelines for cognitive behavioral therapy allow a slightly more lengthy initial brief treatment trial consisting of 4 to 6 sessions. With documentation of patient benefit, including objectively measured functional indices of change (e.g., increased activities of daily living decreased dependency on future medical for reduction in work restrictions if applicable), additional sessions up to 13-20 may be offered. In some cases of severe major depressive disorder or PTSD additional sessions up to 50 maximum can be offered with sufficient documentation and evidence of patient benefit from treatment. Psychological treatment appears to be appropriate for this patient as well as medically necessary. However, the rationale for the modification by utilization review is also accurate and the request to follow the treatment protocol (a brief treatment trial to determine patient benefit) suggested in both the MTUS and official disability guidelines is also reasonable prior to allowing

a more extensive course of psychological treatment contingent on the results. Because of this reason the utilization review determination is upheld, and therefore is not medically necessary.