

<b>Case Number:</b>	CM15-0051929		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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:

Diagnoses, and/or impressions, include pain disorder; dysthymic disorder; chronic neck pain with headaches secondary to degenerative cervical spondylosis and myofascial pain syndrome; pain disorder with psychological and general medical conditions; and insomnia secondary to chronic pain. Current magnetic resonance imaging studies are not noted. Her treatments have included medication management. The evaluation notes, of 1/23/2015, show the injured worker to be emotional/upset, with tears, about the severity of chronic pain, the neurological deficit from cervical radiculitis, the physical/neurological deficits and subsequent co-morbidities, the depression from this and the denials for care, and because of the inability to get back to work. The requested treatments included cognitive behavioral therapy for chronic pain management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy (CBT) Chronic Pain Management, 10 session:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Procedures, Psychotherapy Guidelines.

**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; 23-24. Decision based on Non-MTUS Citation ODG 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 10 sessions of cognitive behavioral therapy for chronic pain management. The request was modified by utilization review to allow for 6 sessions and non-certified the remaining 4 sessions of the requested 10 visits; this IMR will address a request to overturn that decision. It is noted on the utilization review discussion of their decision that the patient has received an initial 4 sessions of CBT and "the claimant has been doing a home exercise program with family members assistance learning relaxation." According to the treatment progress notes from her initial treatment trial that consisted of 4 sessions of cognitive behavioral therapy she appears to be making some progress in her psychological treatment albeit limited given that she is only had 4 sessions. She appears to be practicing the cognitive behavioral therapy relaxation exercises at home independently and with her daughter and has begun taking a trial of an antidepressant medication. Continued psychological treatment is indicated as reasonable and medically necessary based on the documentation provided and the requested 10 sessions is consistent with MTUS/official disability guidelines which specifically allow for 13 to 20 sessions maximum for most patients. The request for 10 additional sessions would bring her total to 14 and is not considered to be excessive. Therefore the utilization review determination for non-certification (modification was offered) is overturned to allow for the 10 additional sessions which were found to be medically appropriate/necessary.