

<b>Case Number:</b>	CM14-0165163		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	03/24/2008
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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. The expert reviewer is Board Certified in Clinical Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records that were provided for this independent medical review, this injured worker is a 65 year-old female who reported an industrial injury that occurred on March 24, 2008 during her work duties for [REDACTED] as a housekeeping specialist when she was lifting sheets off the bed and strained her back. Medically, she has been diagnosed with: Chronic Lumbosacral Strain, Herniated Nucleus Pulposus and Status Postsurgical Intervention: Laminectomy and Discectomy L3-L4 and L4-L5. Current complaints include discomfort, stiffness and intermittent pain with weakness in the right elbow and arm, difficulty sleeping, low back pain, numbness in the right little and ring fingers. She also reports pain in multiple body areas, undesired weight gain, difficulty speaking, difficulty swallowing and reading and memory and poor energy, trouble sleeping, feeling depressed, worried about health, feeling stressed, and unable to relax. In subsequent years to her injury she had a syncope episode which resulted in her fainting and following in a bathtub striking her head causing a laceration and possible facet disease of the cervical spine. There are two other dates of prior industrial injuries August 15, 2007 a back injury with back surgery, and March 24, 2008 another back injury details not provided. A psychological report from March 2008 provided the following diagnoses: Depressive Disorder; Pain Disorder with General Medical Condition and Psychiatric Factors; Mood Disorder with Anxiety Due To Chronic Pain. She has had a neuropsychological evaluation, it was not provided for this review and there are a couple of psychological notes from various dates in 2010. An October 2010 psychological evaluation mentions the injured worker having: Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic and Mood Disorder and Pain disorder. It was noted that a thyroid condition might be contributing to her depression. A request for cognitive behavioral therapy (lumbar) 1x6 visits was made, and non-certified. The utilization review rationale for non-certification presented psychometric data that

indicates moderate depression that had improved over time from moderately-severe depression, but went on to state that "without documentation of a significant worsening and psychological status following this chronic injury, and without any clear discussion of psychotherapy treatment in the past six years for this injury, medical necessity of a new course of cognitive behavioral therapy is not supported." This independent medical review will address a request to overturn that decision.

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

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

### **6 Cognitive Behavioral Therapy Visits (Lumbar): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy; See Also Psychological Treatme. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness And Stress Chapter, Topic: Psychotherapy Guidelines, Cognitive Behavioral Therapy.

**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. An initial treatment trial is recommend consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for addition sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines allow somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually complex and severe cases of Major Depression (severe intensity) and/or PTSD up to 50 sessions if progress is being made. The utilization review noted very slight decrease in psychological symptomology reflected as moderately severe depression being lowered to moderate depression, but then it incorrectly stated that without a worsening of the injured worker's depression additional sessions cannot be offered. It is not necessary for the injured worker's psychological symptoms to get worse to authorize continued psychological treatment. However, her psychological treatment history is unclear. There is documentation of ongoing mental health care dating back to at least 2010. The injured worker appears likely to have exceeded the above stated guidelines for session quantity. Without a statement reflecting her prior psychological treatment history in terms of quality, duration, and objective functional improvements that were derived from it, the authorization of additional sessions is not supported as being medically necessary. Objective functional improvement is defined as an increase in activities of daily living and a reduction in dependency on future medical care. A reduction of her depressive levels from moderately severe to moderate, but this small decreased does not meet the criteria of objective functional improvement adequately enough to support continued treatment particularly in the context insufficient

documentation of prior treatment history. Therefore, the request for 6 Cognitive Behavioral Therapy Visits (Lumbar) is not medically necessary.