

<b>Case Number:</b>	CM14-0180132		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	12/09/1994
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 licensed in Psychology, has a subspecialty in Health Psychology and pain management 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 patient is a 52 year old female reported a work-related injury that occurred on December 9, 1994 during her normal work duties as a file clerk. The mechanism of injury was not provided. A partial list of her medical diagnoses Include: Failed Back Surgery, Lumbar, Chronic Pain Syndrome, Chronic Migraine, Insomnia, Paresthesia, and Cervicalgia. She reports increased pain and decreased functioning with recent falls further limiting her mobility. She reports high levels of daily stress, limited activities of daily living and continued depressive symptoms. Psychological testing reveals high levels of depression, anxiety, and somatic complaints. There is a possible surgical intervention being considered. Her psychologist states that she has been engaging in mindfulness training and increase her distress tolerance skills through the use of therapeutic interventions prior to undergoing surgery. She has been diagnosed with the following psychological disorders: Depressive Disorder Not Otherwise Specified; Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. Her primary treating psychologist states that "she has engaged in cognitive behavioral therapy over last 8 sessions (sic). Patient developed ability to advocate for herself and personal situations and challenge negativistic thinking patterns. Still demonstrating a high level of depressive and anxiety related symptoms and continues to require therapeutic intervention. Recommendation for 12 additional sessions utilizing DBT techniques focusing on challenging negativistic thinking patterns increasing patient's distress tolerance and mindfulness skills. DBT will focus on increasing patient's distress tolerance and mindfulness skills in order to prepare the patient to manage her symptoms post-surgically and also to prepare her to taper off any narcotic medications post-surgically." A treatment progress note from August 2014 is labeled as session number 15. A request was made for 12 additional sessions of individual psychotherapy, the request was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **12 Additional Individual Psychotherapy Sessions, for management of symptoms related to the lumbar and cervical spine injury, as an outpatient QTY: 12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
[https://www.acoempracguides.org/Chronic Pain](https://www.acoempracguides.org/Chronic%20Pain); Table 2, Summary of Recommendations, Chronic Pain Disorders

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy; Psychological Treatment Page(s): 23-24; 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, See Also Dialectic Behavioral Therapy, November 2014 update.

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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 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. With regards to this request, the medical necessity of 12 additional sessions of individual psychotherapy was not established. The patient has been participating in cognitive behavioral therapy since March 2014 during this current course of treatment. Prior courses of psychological treatment, if any, were not discussed in the medical records provided for this review. It is unclear how much prior therapy she has had since her injury occurred. This information is necessary to determine whether or not the patient is benefiting from the treatment in proportion to the quantity provided, and to determine if the quantity and duration of all psychological treatments provided to her falls within the above stated guidelines. Progress notes indicate that she is already had at least 15 sessions of therapy as of August 2014. In addition, the treatment plans mentioned primarily using dialectic behavioral therapy (DBT), the ODG recommended this as an option for patients with a borderline personality disorder typified by para-suicidal behaviors. Dialectical behavior therapy (DBT) is a comprehensive cognitive-behavioral treatment for complex, difficult-to-treat mental disorders, specifically designed to treat chronically suicidal individuals, and multi-disordered individuals with borderline personality disorder (BPD). The medical records do not reflect the patient having a borderline personality disorder diagnosis. Because the medical necessity of the requested treatment has not been adequately established and appears to exceed the recommended guidelines for treatment duration the original utilization review determination is upheld.