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| <b>Case Number:</b>   | CM14-0211591 |                              |            |
| <b>Date Assigned:</b> | 12/24/2014   | <b>Date of Injury:</b>       | 06/20/2008 |
| <b>Decision Date:</b> | 02/19/2015   | <b>UR Denial Date:</b>       | 12/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/17/2014 |

### 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. 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:

According to the provided medical records, this patient is a 61 year old male who reported a work-related injury that occurred on June 20, 2008 during the course of his employment for [REDACTED] where he was employed full-time since 1995. The injury occurred while he was working as a counter salesperson and stepped on a large piece of hydraulic hose and fell face first into a wall injuring his back. He had a one level spinal fusion and subsequent removal of hardware. This IMR will address the patient's psychological symptoms and treatment as they relate to the requested procedure. According to treatment progress notes from December 9, 2014 the patient participated in 10 week courses at [REDACTED] 2011 and 2013, He reports crying spells and low energy and motivation and has depressive thoughts about life including wondering why he would like to living as he is. There is a family history of suicidal attempts and suicide. He reports poor sleep, and has been diagnosed with the following psychological conditions: Chronic Pain Disorder Associated with Both Psychological Factors and an Orthopedic Condition, Depressive Disorder Not Otherwise Specified Moderate to Severe, Alcohol Dependence in full remission. According to an initial report by a primary treating physician dated June 5, 2014 patient has received very little psychological pain management treatment and a recommendation was for a psychological evaluation. The psychological evaluation was completed and recommended the patient participate in individual therapy, as well as pain education and coping skills group. As best as could be determined the group therapy was provided and authorization is currently being sought retrospectively. He finished a pain coping skills group consisting of 10 group sessions (September to November 2014), one time a week and reported benefit from the group with

feeling more motivated to increase his level of exercise and learning pain coping strategies. The group did not help his level of depression. Utilization review did not approve the retrospective request for treatment stating that "the results of the last 6 sessions are still pending. As such, the medical necessity for pain education and coping skills group is not established. This IMR 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:

**Retrospective Pain Education and Coping Skills Group Qty: 10 DOS: 9/9/14- 11/11/14:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 389, Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy Page(s): 23-24.

**Decision rationale:** The ACOEM Guidelines states that patient education is a cornerstone of effective treatment. Patients may find it therapeutic to understand the mechanism and natural history of the stress reaction and that it is a normal occurrence when their resources are overwhelmed. Education also provides the framework to encourage the patient to enhance his or her coping skills, both acutely and in a preventative manner by regularly using stress management techniques. Physicians, ancillary providers, support groups, and patient-appropriate literature are all educational resources. 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) allows for 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 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. The medical necessity of the requested treatment has been established by the documentation provided. It was stated that the patient has not received much if

any psychological care for his injury by a primary treating physician and the patient has been properly identified as having a chronic pain condition with an injury that is resulted in psychological sequelae: depression. According to MTUS Treatment Guidelines for Psychological Treatment a total of up to 6 to 10 visits can be provided, and according to the Official Disability Guidelines 13 to 20 visits of can be provided if progress is being made with up to a maximum of 50 sessions in some cases of severe depression or PTSD. Medical records indicate that the patient has demonstrated some modest benefit from sessions and treatment and this request appears to be medically reasonable and necessary due to delayed recovery, severity of his psychological symptoms, benefit from an initial trial of 4 sessions and that the total quantity of sessions does not exceed recommended guidelines. Because medical necessity was established the request to overturn the utilization review determination for non-certification is approved.