

<b>Case Number:</b>	CM14-0215858		
<b>Date Assigned:</b>	01/05/2015	<b>Date of Injury:</b>	09/24/2008
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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 46 year old Female who reported a work-related injury that occurred on September 24, 2008 during the course of her employment for [REDACTED]. a partial/incomplete list of her medical diagnoses include: Post traumatic headache; Neck pain with intermittent radiation into the right upper extremity; Thoracic spine pain; and Low back pain. The mechanism of injury occurred while she was working in the kitchen where a freezer had been turned off creating a slippery floor causing her to fall backwards and hit her head and back and also injured her head, shoulder, and right arm. She has continued with chronic persistent pain in the neck, back, head, and right shoulder. This IMR will address issues related to the patient's psyche as it relates to the requested treatment. She reports feeling not the same as if her life has completely changed and she is no longer able to do things as she used to in the past. She reports depression that can get very bad when the pain is severe. She reports poor sleep, crying spells, feelings of helplessness and hopelessness with no motivation or desire. She reports becoming isolated and withdrawn socially. She has been diagnosed also with posttraumatic headache and the MRI shows nonspecific foci of white matter signal abnormality but nothing to sugges. According to a psychiatric evaluation from August 2014 she had 12 sessions with the psychologist of therapy and also has had psychiatric care that ended. She reported benefit from both of these treatment modalities. She has been diagnosed with the following psychiatric disorders: Depressive Disorder not otherwise specified; Psychological factors affecting medical disorder, chronic pain. Compulsive personality traits. A request was made for 12 sessions of Cognitive Behavioral therapy and was non-certified

By Utilization review. The utilization review rationale for non-certification was stated that 8 additional treatment sessions were certified but there is no documentation of outcome from those sessions. In addition there was no indication of objective functional improvement from prior sessions. 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:

**Cognitive Behavioral Therapy 1x 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy Page(s): Page 23-24. Decision based on Non-MTUS Citation Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 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 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. 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. With regard to the request for additional sessions of psychotherapy, the medical records that were provided for this review were insufficient to substantiate the requested treatment. Specifically, no psychological progress notes were provided nor was there a summary of prior psychological treatment sessions. As best as could be determined the patient has received psychological treatment, it appears that an initial request for 12 sessions was modified to allow for 6 sessions and that these occurred sometime after October 2014. It is not entirely clear that this is what happened and it is unclear whether or not those sessions actually occurred or not. There was no discussion of prior treatment. According to the above stated guidelines properly identified patients after an initial treatment trial consisting of 4-6 sessions, may have up to 13-20 sessions with documentation of objective functional improvement and patient benefit.

Because there was no psychological treatment progress reports, there was no documentation of patient benefit for objective functional improvements from prior sessions. For this reason, the medical necessity for Cognitive Behavioral Therapy is not established.