

<b>Case Number:</b>	CM15-0019730		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	07/30/2003
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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:

The injured worker is a 48-year-old male, who sustained an industrial injury on 7/30/03. He reported pain in the neck and low back. Headaches, memory problems, difficulty hearing, and weakness in all for extremities associated with pain were also noted. The injured worker was diagnosed as having status post C5-T2 posterior cervical fusion, C6 incomplete quadriplegia post C6-7 fracture dislocation, neurogenic bowel, neurogenic bladder, low back pain, and cervical radiculopathy. Treatment to date has included medications such as Duloxetine, Norco, Clonazepam, Topiramate, and Cyclobenzaprine. Currently, the injured worker complains of pain in bilateral upper extremities, neck, low back, and bilateral lower extremities. The injured worker also felt depressed and tired. The treating physician requested authorization for 12 sessions of cognitive behavioral therapy. A physician's report dated 4/24/14 was reported to have noted diagnoses of major depressive disorder and anxiety and recommended psychological and psychiatric treatment. Therapy was recommended for persistent major depression, anxiety, and pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Sessions of Cognitive Behavioral Therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**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: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

**Decision rationale:** Citation Summary: 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 co-morbid 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. Decision: A request was made for 12 sessions of cognitive behavioral therapy, the request was non-certified by utilization review with the following rationale provided: "the patient has reportedly completed psychotherapy in the past; however, the medical records do not detail evidence of improvement. A prior peer review had recommended to non-certify additional psychotherapy for this reason, as well. The medical records do not detail the total number of psychotherapy sessions completed and/or the goals for treatment and whether the patient was progressing towards those goals. In addition there is no clarification regarding objective progress. In order to consider additional psychotherapy, or should be clear evidence of objective progress with previous treatment, which has not been noted. As requested it appears to be more of a maintenance type treatment rather than a time-limited treatment plan goals." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment session including objectively measured functional improvement. All of the provided medical records were carefully reviewed and considered for this IMR. No psychological treatment records were

provided. There was no psychological evaluation, psychological progress reports from individual treatment sessions nor were there any psychological treatment progress summaries provided from the treating therapist. There is one reference that is noted in multiple documents from a PR-2 psychotherapy session from April 2014 but this note is extremely limited and does not provide any details with regards to the patient psychological treatment. It is not known how many sessions he has received. Current treatment guidelines suggest that patients with severe major depression may be eligible for up to 50 sessions maximum with documentation of significant patient benefit from prior treatment. Without further information regarding the patient psychological treatment including a comprehensive treatment plan with appropriate goals and estimated dates of anticipated accomplishment, the total quantity of sessions the patient has received during his current psychological treatment as well as detailed information regarding patient benefit from prior treatment sessions the medical necessity of this request was not able to be established based on the limited documents provided. Because the medical necessity of this request could not be established, the request to overturn the utilization review decision is denied. This is not to say that the patient does not require psychological treatment only that medical necessity could not be established based on the limited documents provided for this review. The request IS NOT medically necessary.