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| <b>Case Number:</b>   | CM15-0113051 |                              |            |
| <b>Date Assigned:</b> | 06/19/2015   | <b>Date of Injury:</b>       | 06/09/2014 |
| <b>Decision Date:</b> | 08/27/2015   | <b>UR Denial Date:</b>       | 05/15/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/11/2015 |

### 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 year 21 old female who sustained an industrial injury on 6-9-14. Diagnoses are post concussion syndrome, cervicogenic headaches and anxiety. In an occupational and environmental neurology consultation dated 4-22-15, the physician notes the injured worker had been experiencing right side headaches off and on. They come in the winter 2-3 times more frequently due to the cold. Now they come 1 per day and are severe. She has not worked since June 2014 but is to return to work today. She takes classes and is in school 4 hours a week. Current medication is Advil once per day mainly in the morning. Complaints are that headaches are mostly in the evening, start in the neck and go up to the middle of her head. She complains of ringing in the ears when on the phone about twice per week and some dizziness and concentration issues. She had an electroencephalogram done which was normal. Her pain is noted to be moderate, activities are limited mildly and her mood is fair. She is alert, awake and oriented. She appears anxious and has difficulty spelling. Pupils were equal and reactive to light and accommodation. A review of records notes 12-29-14 Botox therapy for cervical muscle spasm, 1-19-15 cervical dystonia noted and 2-10-15 increasing symptoms with neck spasm. Tenderness of the right temporalis and temporomandibular joint and paraspinals on the right is noted. Future medical care is noted as a cervical MRI is indicated, 6-12 visits of cognitive behavioral therapy, 6-12 visits of balance therapy and follow up to be seen again in 2 months. The requested treatment is cognitive behavioral therapy for 12 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy for 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (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 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) 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for 12 cognitive behavioral therapy visits, the request was modified to allow for sessions over 2 week period. The following rationale was provided for the utilization review decision: "the patient has a history of anxiety and is at risk for delayed recovery from her pain after a head injury. Therefore, the requested cognitive behavioral therapy 12 visits is modified to 6 sessions over 2 weeks. This IMR will address a request to overturn utilization review's decision. Based on the provided medical records, psychological treatment appears to be appropriate medically necessary for this patient. The MTUS guidelines recommend that an initial brief treatment trial consisting of 3 to 4 sessions be provided at the start of a new course of psychological treatment to determine whether or not the patient is responding to it with positive patient benefit and objectively measured functional improvements. After the initial treatment trial is completed additional sessions if medically necessary can be improved contingent upon the patient's response to the initial treatment trial. Although the request for psychological treatment is appropriate in this case, based on the patient's reported psychological symptoms following head injury, on industrial basis; the need to follow

recommended treatment protocols for a brief initial treatment trial is important in order to determine the likely effectiveness of the treatment. Therefore the request for 12 sessions does not follow MTUS protocol for an initial brief treatment trial due to excessive quantity. Thus the medical necessity the request is not established on this basis therefore the utilization reviews decision is upheld. This is not to say that the patient does, or does not require psychological treatment on an industrial basis only that the medical necessity of this particular request was excessive quantity and therefore not established.