

<b>Case Number:</b>	CM15-0114030		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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 52 year old male who sustained an industrial injury on 05/26/2010. Mechanism of injury occurred when lifting boards over 20 pounds and he felt pain in the right shoulder with pain radiating down his arm. Diagnoses include strain and sprain of the cervical spine, bilateral shoulder pain, depression and anxiety secondary to above diagnoses, depressive disorder, adjustment disorder with mixed emotional features, anxiety disorder, pain disorder associated with psychological factors and general medical condition, and sleep disorder. Treatment to date has included diagnostic studies, two right shoulder surgeries, physical therapy, and medications. A physician progress note dated 05/08/2015 documents the injured worker complains of neck and bilateral shoulder pain. His pain is associated with numbness and tingling of the arms into his hands. He rates his pain at 5 out of 10 on the pain scale. He has been chronically depressed mood since his injury including low energy, low motivation, insomnia, pessimism, as well as anxiety regarding his ability to do basic daily activities and cope with his pain. Pain wakes him up from sleep and he has a difficult time going back to sleep. He has developed emotional upset, including frustration, anxiety and depression in reaction to chronic pain and limitations. He has noted that his pain has been refractory to conservative therapeutic measures including physical therapy and pharmacological approaches. Treatment requested is for bio-behavioral treatment interventions 6 to 12 sessions over 5 to 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio behavioral treatment interventions 6 to 12 sessions over 5 to 6 weeks: Upheld**

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

**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 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 bio behavioral treatment interventions 6 to 12 sessions over 5 to 6 weeks; the request was modified by utilization review to allow for 4 sessions with the remaining non-certified. This IMR will address a request to overturn 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 including objectively measured functional improvements. According to the provided medical records, on September 6, 2011 patient was diagnosed with Depressive Disorder Not Otherwise Specified with Anxiety and Psychological Factors Affecting Medical Condition. At that time 16 individual psychotherapy sessions and 12 biofeedback sessions and 8 therapy sessions were recommended for the patient. It is not entirely clear if this request is to start a new course of psychological treatment or

continue an existing and already in progress course. However it appears that the patient had an initial examination from a psychological perspective by the current requesting treating psychologist (it appears that there has been a prior treating psychologist that this cannot be determined definitively) on May 8 2015, this suggests the likelihood that this is a request to start a new course of psychological treatment. No psychological treatment progress notes or summaries were provided subsequent to this evaluation in the medical records submitted for consideration. The medical necessity of this request is not established by the provided documentation. It could not be determined how much prior treatment the patient has received to date nor could be determined if the patient has benefited from prior treatment, if any, in the terms of objectively measured functional improvements. Without further documentation regarding the total quantity/duration/outcome of prior psychological treatments, which appear to be started around 2011 and probably under a different provider, the medical necessity of additional treatment sessions cannot be established. Furthermore, if in fact this is a request to start a new course of psychological treatment then the MTUS guidelines for an initial brief treatment trial consisting of 3 to 4 sessions maximum in order to determine efficacy of treatment is necessary prior to the authorization of additional treatment sessions. This request for 6-12 sessions (which would be interpreted as 12 sessions for purposes of IMR) does not follow the course of psychological treatment protocol for an initial brief treatment trial per MTUS. For these reasons the medical necessity of this request is not established and therefore the utilization review determination is upheld.