

<b>Case Number:</b>	CM15-0117073		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	08/04/2010
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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 46 year old female, who sustained an industrial injury on August 4, 2010. The injured worker reported shoulder, back, leg, foot and right hand pain. The injured worker was diagnosed as having major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. Treatment to date has included surgery, medication and cognitive behavioral therapy (CBT) and biofeedback. A progress note dated May 14, 2015 provides the injured worker complains of headaches, hair loss, teeth grinding, constipation, emotional withdrawal, mistrust, cognitive impairment and concentration, and memory deficit. It is noted prior psychological therapy has helped reduce depressive symptoms such as increased interest in personal hygiene, cooking and working around the house. The plan includes additional cognitive behavioral therapy (CBT).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavior psychotherapy (CBT) sessions x 17 sessions (over the next 5 months):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

**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 cognitive behavioral psychotherapy (CBT) sessions times 17 sessions (over the next 5 months); the request was non-certified by utilization review which provided the following rationale: "there is no indication as to how many sessions the claimant has had in total or if she has progressed in her recovery with significant sustained gains. Furthermore, there is no indication as to how she has responded to biofeedback and how many sessions of biofeedback and cognitive behavioral therapy she has had thus far. There are no indications of what modalities are being used in biofeedback and the purpose and progress if any. Finally, there is no indication of assessment for psychotropic medications ever being done. As such the medical necessity is not established in accordance with California MTUS guidelines." 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 including objectively measured functional improvements. The medical necessity the requested treatment is not established by the provided documentation. The total quantity and duration of the patient's prior psychological treatment is not clearly stated in the medical records. There is an indication that on November 19, 2013 the patient had a initial psychological evaluation/report by [REDACTED]

however it is not noted if she began course of psychological treatment at that juncture or not and if so how many sessions were provided and with what outcomes, if any were achieved. It is noted in the utilization review decision for non-certification that the patient has received at least 9 cognitive behavioral therapy and 10 biofeedback sessions that were authorized. Although there is some dispute about the quantity as additional information was provided at a later time suggesting 6 visits. However, neither of these appears to be cumulative from the date of her injury and is not clear whether the patient had prior courses of psychological treatment however it does appear that she may have. Given that it appears that she has had at least 9 cognitive behavioral therapy and 10 biofeedback sessions, the request for 17 additional treatment sessions is excessive in quantity and exceeds the official disability guidelines which recommend a general course of psychological treatment consisting of 13 to 20 sessions maximum. For this reason, the request is not medically necessary and therefore the utilization review determination for non-certification is upheld.