

<b>Case Number:</b>	CM15-0120321		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	11/05/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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:

This 34 year old man sustained an industrial injury on 11/5/2013. The mechanism of injury is not detailed. Diagnoses include lumbar degenerative disc disease, pain in the bilateral upper and lower extremities, lumbosacral/joint/ligament sprain/strain, lumbar facet arthropathy, poor coping, gastritis, and lumbar radiculopathy. Treatment has included oral and topical medications, home exercise program, and TENS unit. Physician notes on a PR-2 dated 5/4/2015 show complaints of continued low back pain with radiation to the bilateral lower extremities. Recommendations include laboratory testing, cognitive behavior therapy, continue home exercise program and TENS unit, functional capacity evaluation, neurosurgery evaluation, LidoPro ointment, TENS patches, Omeprazole, Gabapentin, possible future lumbosacral epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy, quantity: 6 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

**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. 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 is made for cognitive behavioral therapy, quantity: six sessions; the request was modified by utilization review to allow for three sessions only with the following provided rationale for its decision: "psychotherapy CBT true if lack of progress from physical medicine alone is recommended with initial trial of 3 to 4 psychotherapy visits over two weeks; with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks in parentheses individual sessions)." This IMR will address a request to overturn the utilization review modified determination. The patient's history of psychological treatment appears as follows: On February 7, 2014 there is a behavioral intervention report that noted that the patient completed a depression screening which was positive for mild depression and a significant fear avoidance behavior questionnaire treatment of antidepressant medication psychotherapy was recommended at that juncture. It is noted that the primary treating physician progress report on March 15, 2014 by [REDACTED], MD states that they are awaiting authorization for cognitive behavioral therapy sessions. This was repeated again on June 21, 2014 in a note from nurse practitioner [REDACTED]. Through September 2014, there was no specific indication that the patient had started psychological treatment. On April 22, 2015 there is a note stating that the primary treating physician is requesting psychological evaluation for cognitive behavioral therapy time six per ODG guidelines for chronic pain. The request is again repeated for cognitive behavioral treatment time six sessions noting that the patient is exhibiting poor coping with ongoing chronic pain and sleep and changes in sexual functioning. On may eleven two thousand fifteen it is indicated that "mood is poor-no suicidal ideation. Patient is waiting for CBT trial. And so far as could be determined on the provided medical records it appears that the patient was recommended for psychological treatment in February 2014 but did not receive any and that this is a request to start a new course of psychological treatment. This could not be determined definitively whether it is accurate or not and it is surmised based on the documents provided. The request for six cognitive behavioral therapy sessions was modified by utilization review who

cited the MTUS guidelines. Both the official disability and MTUS guidelines recommend a brief initial treatment trial in order to determine patient's responsiveness to the treatment itself. Continued psychological treatment after the brief treatment trial is contingent upon the establishment of medical necessity which can be done with documentation of objectively measured functional improvement in (ADL, increased social and exercise related activities, decreased reliance on medical care or medication, etc.) the MTUS recommends that the initial brief treatment trial consists of 3 to 4 sessions maximum whereas the official disability guidelines do allow for 4 to 6 sessions for the initial treatment trial. In this case because it appears that the patient has had a lengthy delay and that he has been appropriately identified as a patient to would possibly benefit from psychological treatment, this request for six sessions is reasonable and the medical necessity of the request has been established for official disability guidelines. For this reason, the utilization review determination for modified certification has been overturned and the request for six sessions approved. It should be noted that this is a brief treatment trial at the start of a course of psychological treatment and that any additional sessions, if requested, are entirely contingent upon the establishment of medical necessity as evidenced by objectively measured functional improvement as a result of treatment.