

<b>Case Number:</b>	CM15-0128996		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	09/27/2002
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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 59 year old female who sustained an industrial injury on 09/27/02. Initial complaints and diagnoses are not available. Treatments to date include 13 cognitive behavioral therapy sessions and 12 biofeedback sessions. Diagnostic studies are not addressed. Current complaints include post-traumatic anxiety symptoms. Current diagnoses include major depressive disorder, generalized anxiety disorder, and psychological factors affecting medical condition. In a progress note dated 04/08/15, the treating provider reports the plan of care as 14 additional cognitive behavioral therapy sessions as well as an unknown number of biofeedback sessions. The requested treatments include 14 additional cognitive behavioral therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**14 cognitive behavior psychotherapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines

March 2015 update. Decision based on Non-MTUS Citation Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24.

**Decision rationale:** 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 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 14 cognitive behavioral psychotherapy sessions, the request was modified by utilization review to allow for 6 sessions with the following provided rationale: the patient has completed 13 sessions of cognitive behavioral therapy to date and has shown subjective and objective improvements. Specifically the patient's BDI and BAI have improved. In addition documentation indicates that CBT has resulted in reduced depression, better sleep, improve relationships, improved self-care. Evidence-based guidelines support up to 20 sessions for patients that have shown improvement and indicate 4 to 6 sessions is adequate to provide evidence of symptom improvement. 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 patient has appears to have received a significant amount of psychological interventions in the past, however her prior psychological treatment history is not fully reported in the medical records in terms of total quantity of sessions received/outcome as measured by objective improvements. In the most recent period of time the provided medical records indicate that the patient has received at least 13 cognitive behavioral therapy sessions and at least 12 biofeedback sessions during the past 12 months. The request for 14 additional cognitive behavioral sessions exceeds current industrial guidelines. Because the request exceeds guidelines for session quantity, and is found therefore to be excessive based on industrial guidelines recommendations for cognitive behavioral and psychological treatment the request for 14 additional sessions is not medically necessary on that basis. Therefore, the utilization review decision is upheld.