

<b>Case Number:</b>	CM15-0129798		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 41 year old male who sustained an industrial injury on 4/21/08. Progress note dated 5/7/15 reports continued complaints of lower back pain that radiates into his left lower extremity into his foot. The pain is worsened with standing or sitting too long and is relieved by changing positions and medication. He has weakness in his left lower extremity with ambulation. The combination of Norco and gabapentin gives 40-50% relief. Diagnoses include lumbar disc displacement without myelopathy, sprain/strain lumbar region, left hip strain/hip flexor strain, left greater trochanteric bursitis and headache. Plan of care includes: review MRI for next visit, continue medications refills given may consider adding a different topical cream. Work status: modified duty including allowance to alternate sit and stand as needed by pain, and no lifting greater than 10 pounds. If modified duty cannot be provided, he would remain totally temporary disabled. Follow up in 4 weeks. Progress note dated 5/28/15 reports better sleep, less depression, less anxiety, less irritability, slightly better memory and concentration. The following symptoms persist; loss of libido, decreased appetite, poor self esteem, low energy, fatigue, hopelessness and helplessness. Diagnoses include: depressive disorder, anxiety disorder and chronic pain. Plan of care includes: request authorization for increase of effexor and trazodone along with refills, transportation to start authorized weekly group psycho-education for depression and anxiety. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Group cognitive behavior therapy (CBT) weekly x 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**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 Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

**Decision rationale:** Decision: 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 group cognitive behavioral therapy (CBT) weekly x 6 weeks; the request was modified by utilization review to allow for 4 sessions with the remaining 2 non-certified. Utilization review stated the following as a rationale for its decision: "there is evidence of complaints of anxiety and depression symptoms. Patient warrants a trial of group therapy to try and improve symptoms but a trial of 4 sessions should be sufficient to judge if functional benefits are made. This IMR will address a request to overturn that decision. A psychiatric treatment report from May 28, 2015 was found which indicated that the patient had a prior visit on April 16, 2015. This report is from the patient's psychiatrist and he appears to be actively engaged in psychiatric treatment. The note indicates improved status including less depression, less anxiety, less irritability, and slightly improved concentration and memory and sleep. There is a list of symptoms that have not changed as a result of treatment. There is no indication provided regarding whether the patient was participating in psychological treatment or not. Only psychiatric treatment progress notes were found. Patient was diagnosed with the following: Major Depressive Disorder, Single Episode, Moderate; Anxiety Disorder Not

Otherwise Specified 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 records provided for consideration for this IMR do not establish the medical necessity of the requested treatment. Could not be determined whether or not the patient has received any psychological treatment yet. No psychological treatment progress notes were provided, although there were several psychiatric treatment progress notes. In the absence of any psychological treatment progress notes this request for treatment is considered to be the start of a new course of psychological treatment. According to the MTUS guidelines for starting a new course of psychological treatment, an initial treatment trial consisting of 3 to 4 sessions is recommended to establish whether or not the patient is likely to benefit from treatment. Additional sessions may be authorized contingent upon medical necessity subsequent to the completion of the initial treatment trial with documentation of objectively measured functional improvement. If this is not a start of a new course of psychological treatment then detailed information regarding the patient's psychological treatment that is already been provided is needed including total quantity of sessions, duration of treatment, and outcome in terms of objectively measured functional improvement. For this reason the 6 sessions are not medically necessary and therefore the utilization review decision is upheld. This is not to say that the patient does, or does not need psychological treatment only that the medical necessity of this particular request was not clearly established by the provided documentation.