

<b>Case Number:</b>	CM15-0069116		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	04/12/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 51 year old male, who sustained an industrial injury on April 12, 2014. He reported headache, neck pain and tingling ion the scalp. The injured worker was diagnosed as having concussion and post-concussion syndrome and cervical strain. Treatment to date has included diagnostic studies, conservative care, physical therapy, chiropractic care, medications and work restrictions. Currently, the injured worker complains of nervousness, anxiety, poor sleep, continued headaches, neck pain and tingling of the scalp. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. He did note physical therapy improved the pain. Evaluation on November 13, 2014, revealed continued pain as noted as well as sleep disruptions, nervousness and anxiety. He reported not being able to drive much secondary to anxiety and anger. Psychotherapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 Psychotherapy (CBT) sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral therapy (CBT). 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, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-12; 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:** 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 progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Decision: a request was made for 8 psychotherapy (CBT) sessions, the request was modified by utilization review to allow for 4 psychotherapy (CBT) sessions. The rationale for the utilization review decision was provided as: "at this time there is very little evidence of improvement of the patient from the 6 therapy sessions attended. There are no quantified treatment goals that are reported improved over the course of the therapy attended. However, there is subjective report that the patient is learning breathing exercises and was involved in exposure therapy to help reduce his anxiety. Upon these minimal findings additional sessions are indicated up to a total of 10 visits per guideline recommendations." This IMR will address a request to overturn that decision. Continued psychological treatment is contingent upon the establishment of medical necessity. This can be done by documentation of all 3 of the following: psychological symptomology continuing at a clinically significant level, the total number of treatment sessions provided to date in addition to the total number of requested sessions being consistent with the above stated treatment guidelines, and documentation of patient benefit and progress from treatment including objectively measured functional indices of change. All of the provided medical records were carefully considered for this IMR. The provided medical records reflect that the patient continues to report significant psychological symptomology, it also indicates that this request for 8 additional treatment sessions does not exceed recommended by the official disability guidelines which allow in most cases 13 to 20 sessions maximum with documentation of patient benefit. On the issue of documentation regarding patient benefit from prior treatment, the utilization review finding is accurate that there

is minimal documentation regarding objectively measured functional improvement. However there is sufficient subjective indications of progress (although also minimally detailed in the progress notes) that suggest that the patient is becoming stronger in his ability to drive again which is an important factor in his work life. Because there is evidence of patient improvement that is what would be expected after such a short course of psychological treatment additional sessions appear to be reasonable and medically necessary and indicated. Therefore the utilization review decision is overturned and the request for 8 additional therapy sessions is medically necessary.