

<b>Case Number:</b>	CM15-0071136		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	10/02/2003
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2015

### 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 57 year old female who sustained an industrial injury on 10/2/03. The injured worker reported symptoms in the neck, left hand, left shoulder as well as headaches. The injured worker was diagnosed as having atypical anxiety disorder, cervical spine sprain/strain, and jaw facial pain with headaches, tendinitis/impingement, and status post crush/burn injury left hand with residuals. Treatments to date have included psychotherapy, antidepressants, and exercise. Currently, the injured worker complains of pain in the neck, left hand, left shoulder as well as headaches. The plan of care was for psychotherapy and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 CBT Psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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): 101-102;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:** 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. 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 session including objectively measured functional improvement. A request was made for 12 sessions of cognitive behavioral psychotherapy, the request was non-certified by utilization review with a modification to allow for 6 sessions of CBT with the remaining 6 sessions non-certified.. Utilization review provided the following rationale for the decision: "restarting psychotherapy sessions is appropriate. The patient had deterioration of her emotional status of included suicidal ideation despite continued use of psychiatric medications. The patient/psychotherapy session was in October 2014 and it appeared another trial of CBT is reasonable. The guidelines recommend a trial of 6 visits over 6 weeks. Additional visits of the 20 would be appropriate after termination of functional improvement with the initial trial. This IMR will address a request to overturn that decision. Decision: The official disability guidelines recommend that a typical course of psychological treatment consists of maximum of 13 to 20 sessions. However, there is an allowance that can be made to allow for up to 50 sessions contingent upon documentation of continued medical necessity and patient benefit/progress in terms of objectively measured functional improvement as a result of the treatment. The treatment guidelines furthermore state that an initial brief treatment trial consisting of 6 sessions (3 to 4 sessions per MTUS, 4 to 6 sessions per ODG) shall be offered as a way to determine if the patient is benefiting from the treatment. The utilization review decision was to modify the request from 12 sessions downward to 6 in order to conform with the treatment protocol recommended in the ODG. At this juncture, given her having received prior psychological treatment (unknown quantity/duration) the treatment protocol of an initial brief treatment trial is appropriate prior to authorizing additional sessions. Any additional sessions would be contingent upon the establishment of medical necessity and significant patient benefit from the treatment. Because the medical necessity of 12 sessions is not supported, as it does not follow the MTUS/ODG initial treatment protocol, the utilization review determination is upheld, and is not medically necessary.