

<b>Case Number:</b>	CM15-0072663		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 48 year old female with an industrial injury dated 09/03/2013. Her diagnoses included cervical strain with myofascial pain syndrome, right shoulder impingement, lumbar sacral strain with radiculitis, right Achilles tendon strain versus tear and pain induced depression. Prior treatments included medications and exercise. She presents on 03/18/2015 with complaints of headaches, right jaw pain and left upper extremity pain from her neck. Physical exam revealed tenderness of cervical spine area. Paravertebral muscle spasm was noted on exam of the lumbar spine. The treatment plan included a request for cognitive behavioral training 12 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Training 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. 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): 101-102; 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. According to the provided medical records, a request was made for 12 sessions of outpatient cognitive behavioral training. The request was modified by utilization review to allow for 10 sessions with the remaining two sessions non-certified. As best as could be determined from the provided medical notes this is a request to start a new course of psychological treatment. If this is not a request to start a new course of psychological treatment, then there were no outcome or treatment progress notes provided by the primary therapist that would indicate how many sessions the patient has already received, if any, or outcome from provided treatment sessions. In addition to this request the patient also was authorized for individual psychotherapy sessions as well as psychological testing and cognitive behavioral therapy consultation. The MTUS and official disability guidelines both specify that an initial brief course of treatment as a trial shall be provided in that with additional documentation of patient benefited and objectively measured functional improvement additional sessions up to a maximum of 6-10 (MTUS) or 13-20 maximum total (official disability guidelines) can be provided. According to the official disability guidelines, and exception can be made in some cases of very severe major depressive disorder or PTSD to allow for additional sessions up to a maximum of 50 with documentation of patient benefited from prior treatment and medical necessity. Because this appears to be the start of a new course of psychological treatment, and because the official disability guidelines specify a requirement of an initial treatment trial as well as the need for the treatment provider to monitor ongoing progress to identify patient treatment failures in order to make a different treatment plans, if appropriate, the medical necessity of 12 sessions is not established in the utilization review finding which allowed for a modification of treatment is determined to be appropriate and medically necessary. Because of this the request to overturn the utilization review is denied.

This is not to say that the patient does not require psychological treatment only that the utilization review finding was appropriate in its decision and therefore is not medically necessary.