

<b>Case Number:</b>	CM15-0073362		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	10/31/1985
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 67 year old female, who sustained an industrial injury on 10/31/1985. According to a partially legible handwritten progress report dated 04/01/2015, the injured worker's thinking was foggy and it was hard to concentrate. She reported an itchy rash on the thumbs and scalp. She reported aching all over and was rated 8 on a scale of 1-10. She had no strength in thumb and index fingers. Abdominal pain persisted. Diagnoses included systemic lupus, fibromyalgia, CREST, Raynaud's and Sjogren's. Treatment plan included referral to dermatologist and cognitive training. Currently under review is the request for cognitive retraining (sessions within 1 year) quantity 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Retraining (sessions within 1 year), quantity 26: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cognitive behavioral therapy (CBT). <http://www.odg-twc.com/index.html>.

**Decision rationale:** According to ODG guidelines, cognitive therapy "For specific guidelines, see Cognitive therapy for amputation; Cognitive therapy for depression; Cognitive therapy for opioid dependence; Cognitive therapy for panic disorder; Cognitive therapy for PTSD; Cognitive therapy for general stress; Cognitive behavioral stress management (CBSM) to reduce injury and illness; Dialectical behavior therapy; Exposure therapy (ET); Eye movement desensitization & reprocessing (EMDR); Hypnosis; Imagery rehearsal therapy (IRT); Insomnia treatment; Mind/body interventions (for stress relief); Psychodynamic psychotherapy; Psychological debriefing (for preventing post-traumatic stress disorder); Psychological evaluations; Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Psychosocial /pharmacological treatments (for deliberate self harm); Psychosocial adjunctive methods (for PTSD); Psychotherapy for MDD (major depressive disorder); PTSD psychotherapy interventions; Stress management, behavioral/cognitive (interventions); Telephone CBT (cognitive behavioral therapy); Computer-assisted cognitive therapy. Studies show that a 4 to 6 session trial should be sufficient to provide evidence of 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. (Crits-Christoph, 2001) CBT, whether self-guided, provided via telephone or computer, or provided face to face, is better than no care in a primary care setting and is also better than treatment as usual, according to a meta-analysis. A subanalysis showed the strongest evidence for CBT in anxiety. For depression alone, CBT compared with no treatment had a medium effect size, computerized CBT had a medium effect, and guided self-help CBT for both depression and anxiety produced a small effect size. (Twomey, 2014) See Number of psychotherapy sessions for more information. ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. There is no documentation from the patient file an objective evaluation of the patient cognitive function. There is no documentation of the goals and objectives of the proposed cognitive therapy and no clear justification for the length of the therapy. There is no documentation how the patient will be monitored during the proposed therapy. Therefore, the request is not medically necessary.