

<b>Case Number:</b>	CM15-0078906		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	04/05/2002
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 4/5/2002. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical and lumbar disc disease and right arm radiculitis. There is no record of a recent diagnostic study. Treatment to date has included physical therapy, aquatic therapy, acupuncture, cognitive behavior therapy and medication management. In a progress note dated 4/2/2015, the injured worker reports improvement with cognitive behavior therapy. The treating physician is requesting 6 visits of cognitive behavior therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy-6 visits; 1 visit a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), CBT for Chronic Pain Section.

**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. Decision: A request was made for cognitive behavioral therapy 6 visits, one visit per week for 6 weeks. The request was non-certified by utilization review. The rationale for the decision was stated as: "the medical report of April 2, 2015 does not clearly note the patient's ongoing psychological complaints, subjective psychological findings, or a psychiatric diagnosis. Additionally, the patient is already been attending cognitive behavioral therapy for some time. Medical records do not establish the total number of treatment sessions completed or evidence of functional improvement as a result of prior care. In fact, the patient continues to remain totally disabled. In the absence of clear functional improvement, additional treatment in this regard would not be indicated." This IMR will address a request to overturn that decision. Decision: 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. With regards to this case, the total quantity of sessions at the patient has received to date was not clearly stated in the documents provided for consideration this IMR. Psychological treatment progress notes were found for a period of time from November 2014 through March 2015 on a near weekly basis. Current treatment guidelines for cognitive behavioral therapy suggests that a typical course of psychological treatment consists of 13 to 20 sessions maximum. There is an exception that can be made in cases of severe major depression or PTSD with evidence of patient benefit from treatment including objectively measured functional improvement. Although the treatment progress notes were provided do evidence patient benefit from treatment, because the total duration of this treatment is unclear the medical necessity of this request (per MTUS) could not be established for that reason. Because the medical necessity of the treatment request could not be established due to unknown treatment duration/quantity, the utilization review decision is not medically necessary.