

<b>Case Number:</b>	CM15-0093687		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	04/14/2006
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 58 year old male, who sustained an industrial injury on 4/14/2006. Diagnoses include degenerative disc disease, facet spondylosis, exogenous obesity associated with hypertension and osteoporosis, degeneration cervical intervertebral disc, arthrodesis, degeneration thoracic intervertebral disc, thoracic spondylosis without myelopathy, displaced thoracic intervertebral disc, kyphosis, nonunion of fracture, lumbosacral spondylosis, displaced lumbar intervertebral disc, lumbar spinal stenosis, degeneration lumbar intervertebral disc and thoracic neuritis/radiculitis. Treatment to date has included diagnostics, surgical intervention (T6-T9 thoracic spinal fusion, undated and cervical discectomy and C5-6 and C6-7 fusion dated 9/14/2012), thoracic hardware nerve blocks, cervical epidural steroid injections, medications, and a detoxification program. Per the Primary Treating Physician's Progress Report dated 2/23/2015, the injured worker reported severe neck pain with radiation down his arm, lower back pain with radiation down his legs, more on the right, as well as mid back pain and right hip pain. Physical examination revealed tenderness to the cervical, thoracic and lumbar spine with decreased ranges of motion of the cervical and lumbar spine. The plan of care included injections, home health care and weight loss program. Authorization was requested for cognitive behavioral therapy (2 x month x 3 months).

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Cognitive Behavioral Therapy 2 times monthly for 3 months: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23-24.

**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. Pages 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 2 times monthly for 3 months (6 sessions total); the request was non-certified by utilization review of the following provided rationale: "while it is noted that the patient scored in the severe range for his be AI and BDI-2 scores, there is a lack of documentation showing that the patient has had a lack of progress from at least 4 weeks of physical therapy to support the request for cognitive behavioral therapy sessions. Also, the number of sessions being requested exceeds guideline recommendations. Furthermore, the documentation provided indicates that the patient has been receiving psychotherapy sessions. Is unclear how many psychotherapy sessions the patient has attended, and without this information, additional individual psychotherapy sessions with cognitive behavioral therapy would not be supported without documentation showing that the patient has been improving with his initial psychotherapy." This IMR will address a request to overturn the utilization review decision for non-certification. 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 request, several treatment progress notes from the primary treating psychologist were found. The progress notes detail session content. They do not clearly indicate the total quantity of sessions that the patient has received to date. This information is required in order to determine whether or not additional sessions are consistent with MTUS/official disability guidelines. However in this case there were enough treatment progress notes that it was possible to estimate that the patient appears to have had. It was noted in October 2014 that the patient had received 4 sessions to date total. By following the progress notes that were provided is estimated that the patient has received 12 sessions or less although this could not be determined definitively and any future request for therapy must contain the exact number of sessions provided it appears to be a reasonably accurate estimate. Therefore 6 additional treatment sessions would still be consistent with the official disability guidelines recommendations that a total of 13 to 20 visits maximum for most patients constitutes a typical course of psychological treatment. In addition, the provided treatment progress notes to reflect that the patient continues to be in significant psychological distress that warrants continued psychological care. A January 22, 2015 progress note mentions that the focus of treatment is on better managing the patient's pain and improving his ability to sleep at night and bring more balance to his life and pacing himself so that he does not become overwhelmed. The patient is also receiving ongoing psychiatric treatment. According to a treatment progress note from March 30, 2015 is noted that issues of weight gain and depression are being worked on in the treatment. Psychological care is also focusing on improving his pain management skills. Taken as a whole, the provided treatment progress notes from his psychotherapist do not reflect very substantial patient benefit from prior psychological treatment, there is no active discussion of objectively measured functional improvement goals that have been accomplished. However, the progress notes to reflect some degree of progress being made and although this progress does not appear to meet the threshold of objectively measured functional improvements it does suggest that sufficient slow progress is being made to warrant an additional authorization of treatment although only marginally so. Because the medical necessity of the requested treatment was established by the provided progress notes, the request to overturn the utilization review determination for non-certification is approved.