

<b>Case Number:</b>	CM15-0099216		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	03/02/2014
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 36-year-old female who sustained an industrial injury on 03/02/14. Initial complaints and diagnoses are not available. Treatments to date include medications, home exercise program, physical therapy, and acupuncture. Diagnostic studies include MRIs of the right upper extremity and cervical spine. Current complaints include pain and difficulty sleeping. Current diagnoses include cervical sprain/strain, shoulder joint pain, thoracic sprain/strain, and sleep disturbance due to pain. In a progress note dated 04/27/15 the treating provider reports the plan of care as continued home exercise program, medications, and TENS unit, schedule MRI review, refill LidoPro topical cream, and request left shoulder MRI and cervical pillow. The requested treatments include 12 sessions of Cognitive Behavioral Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy, 12 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**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 Official Disability Guidelines (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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made for 12 cognitive behavioral therapy sessions; the request was modified by utilization review to allow for 4 sessions the remaining 8 sessions non-certified. The following rationale was provided for this decision by utilization review: "in reference to this case, the patient has been clinically diagnosed with sleep disturbance and depression. Therefore based on the clinical information submitted for this review and using evidence-based, peer-reviewed guidelines referenced, the request for cognitive behavioral therapy is medically necessary with modified for visits for an initial trial. This IMR will address a request to overturn the utilization review decision and approve 12 sessions. The provided medical records indicate that the patient was injured during her work as a housekeeper. She is reportedly showing delayed recovery in her ability to return to full optional capacity pre-injury. There are reported symptoms of continued orthopedic pain as well as psychological sequelae including depressive symptoms and poor sleep. Psychological treatment is indicated and appears to be appropriate as well as medically necessary. The MTUS guidelines for psychological treatment recommend an initial brief course of treatment consisting of 3 to 4 sessions, the purpose of this initial brief treatment trial is to determine patient's responsiveness to treatment in order to make changes if there's no response. The documentation of patient benefit including functional improvement (to the extent that would be expected with such a short course of treatment) additional sessions up to 6 to 10 may be recommended. The official disability guidelines allow for a brief treatment trial initially consisting of 4 to 6 sessions and the total treatment consisting of 13 to 20 sessions with documentation of patient benefit and continued medical necessity. In this case the provided medical records do not show or reflect any prior psychological treatment is industrial injury. Therefore, the request for 12 sessions is excessive and does not account for the needed initial brief treatment protocol. Therefore, the medical necessity for 12 sessions is not established in the utilization review decision, which modified request to allow for 4 sessions, is upheld; the request is not medically necessary.