

<b>Case Number:</b>	CM13-0045852		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Licensed in Psychologist and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43-year-old male who sliced off the tip of his thumb when he slipped while moving a bar with a fellow employee on 10/12/2012. In the clinical notes dated 09/25/2013, the injured worker was seen for post traumatic stress related to industrial event. It was noted that the injured worker had reluctance to show or discuss the injury. It was noted that on 09/11/2013, a Beck anxiety inventory score was 24, depression inventory-II was 31; severe, and post traumatic stress diagnostic scale score was 31; severe. The injured worker's medications included herbal sleep supplement, vitamins, omega-3 fish oil and 5-htp. The diagnosis included the diagnosis of axis I based on psychological test analysis combined with mental status examination and interview impressions of post traumatic stress disorder. The primary diagnoses should be ruled out to include body dysmorphic disorder. The Axis III diagnosis is finger injury per medical specialists. It was noted that the injured worker had functional improvements in reduced sleep disturbance, appetite, concentration, anxiety symptoms, absence of panic attacks, depression symptoms, activities of daily living, pain level, socialization, return to work, and autonomous functioning. The treatment goals for the injured worker were to reduce social isolation/increase social contact, reduce pain avoidance behavior, reduce panic episodes, and reduce catastrophic thinking. The injured worker's work status was annotated as the injured worker working full-time modified duty. It was noted that he felt that he could not return to his former job duties at this time. The treatment plan in discussion included the prognosis for change with appropriate treatment to be considered fair. It was noted the injured worker appeared to be reasonably motivated to become involved in treatment. However, current barriers to the treatment endeavor included ambivalence and the possibility of low motivation. The treatment plan also included a request for an additional 6 sessions of individual psychotherapy to consist of relaxation training, systematic desensitization, cognitive therapy, behavioral management, and

biofeedback. It was annotated the treatment plan should take into account the possibility of disruption due to self-injurious behaviors and threats of early termination. The request for authorization for 6 psychotherapy and 6 biofeedback for post traumatic stress disorder was submitted on 09/25/2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 ADDITIONAL PSYCHOTHERAPY SESSIONS: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

**Decision rationale:** The request for 6 additional psychotherapy sessions is medically necessary. The California MTUS Guidelines state that behavior interventions are recommended for the reinforcement of coping skills in the treatment of pain. It is recommended that injured workers are screened for risk factors for delayed recovery, to include fear avoidance beliefs. The initial trial of therapy includes 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement; there may be a total of up to 6 to 10 visits over 5 to 6 weeks of individual sessions. In the clinical notes provided for review, it is indicated that the injured worker still had a moderate back anxiety inventory, depression inventory of 24, and a diagnosis of severe on the post traumatic stress diagnostic scale after sessions of psychotherapy. It is annotated that he has functional improvements and is still in psychotherapy sessions. Therefore, the request for 6 additional psychotherapy sessions is medically necessary.

#### **6 ADDITIONAL BIOFEEDBACK SESSIONS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

**Decision rationale:** The request for 6 additional biofeedback sessions is not medically necessary. The California MTUS Guidelines state that biofeedback is not recommended as a standalone treatment but recommended as an option in the cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strength but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The biofeedback referral for at risk injured workers should be physical medicine exercise instruction using a cognitive motivational approach to physical therapy. An initial trial of 3 to 4 psychotherapy visits over 2 weeks with evidence of objective functional improvement to total up to 6 to 10 visits over 5 to 6 weeks is recommended. Injured workers may continue biofeedback exercises at home. In the clinical

notes provided for review, it is annotated that the injured worker had completed 6 biofeedback treatments; however, there is a lack of documentation of measurable pain level status and efficacy of sessions. It is annotated that the injured worker had a back anxiety inventory score of 24/moderate, depression inventory-II score of severe/31, and post traumatic stress diagnostic scale 31/severe. It is also documented that the barriers to treatment include ambivalence and possibility of low motivation. Furthermore, there is a lack of annotation of the injured worker continued biofeedback exercises at home. Therefore, the request for 6 additional biofeedback sessions is not medically necessary.