

<b>Case Number:</b>	CM14-0001239		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	09/13/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### **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 Board Certified in psychology 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 57 year old female who reported an injury on 09/13/2010. The injury occurred when a work vehicle she was riding in was struck from behind by another vehicle. The injured worker reported injury to her lower back and neck. Per the comprehensive exam note dated 04/22/2013 the injured worker had been given a personality assessment inventory test which reported scores in the normal range. The battery for health improvement 2 tests showed the injured worker did not endorse any of the validity items, this was interpreted by the physician as the injured worker was trying to make her situation worse than it actually was. On a physical symptoms scale the injured worker reported having 20 of the 26 somatic complaint items. The symptoms on this scale are spread across numerous medical disorders and the physician feels that the injured worker's symptoms are due to somatized stress or emotional turmoil. The physician noted the injured worker as severely depressed. The diagnoses for the injured worker were reported as anxiety disorder NOS, major depressive disorder, substance abuse, and pain disorder with both psychological and medical factors. In the clinical evaluation note dated 01/14/2013 the physician reported the injured worker's psychological condition had plateaued and that she had reached permanent and stationary status. The request for authorization for medical treatment was dated 12/09/2013.

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

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

**EXTENDED SESSION OF PSYCHO THERAPY TIMES ONE (1): Upheld**

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

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

**Decision rationale:** The CA MTUS Guidelines recommend considering separate psychotherapy referral after 4 weeks if lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks may be appropriate. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Per the guidelines psychotherapy is a recommended option for at risk patients, and the injured worker had a history of drug abuse. However there is a lack of documentation regarding the efficacy of prior psychotherapy treatment or improvement on prior psychological tests. In a clinical note dated 01/14/2013 the physician stated the injured worker's psychological condition had plateaued, that the injured worker had reached stationary status and her psychological impairment could be rated. Therefore, the request for extended session of psychotherapy times one is not medically necessary and appropriate.

**PSYCHOLOGICAL THERAPY (BIOFEEDBACK) TIMES SIXTEEN (16) SESSIONS IN CONJUNCTION WITH PSYCHOTHERAPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

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

**Decision rationale:** Per the CA MTUS Guidelines evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain and outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient. The guidelines recommend approval only when requested by such a patient, but not adoption for use by any patient. There is a lack of documentation regarding the injured worker's request for this treatment, it is noted that the physician recommended this treatment and that the injured worker had attended 3 sessions previously; however, there is a lack of documentation as to the efficacy of those treatments, except to note that her affect was flat or neutral, and if the injured worker was continuing the biofeedback at home. There is a lack of documentation that indicates the injured worker would be motivated to participate in this treatment. Therefore, the request for psychological therapy (biofeedback) times 16 sessions in conjunction with psychotherapy is not medically necessary and appropriate.

**PSYCHOTHERAPY TIMES SIXTEEN (16) SESSIONS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Cognitive Behavioral Therapy Guidelines for Chronic Pain, page 23.

**Decision rationale:** The CA MTUS Guidelines recommend considering separate psychotherapy referral after 4 weeks if lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks may be appropriate. Per the guidelines psychotherapy is recommended as an option for at risk patients, and the injured worker had a history of drug abuse. The guidelines recommend an initial trial of 3-4 visits over 2 weeks which can be extended if there is evidence of functional improvement. However there is a lack of clinical documentation regarding functional improvements related to the prior psychotherapy treatment. In a clinical note dated 01/14/2013 the physician stated the injured worker's psychological condition had plateaued, that the injured worker had reached stationary status and her psychological impairment could be rated. Therefore the request for psychotherapy times 16 sessions is not medically necessary and appropriate.