

<b>Case Number:</b>	CM14-0158454		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	10/14/2002
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 a licensed Psychologist, and is licensed to practice in California. 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:

According to the records provided for this IMR, this patient is a 51 year-old male who reported an industrial injury on October 14, 2002 during the course of his normal work duties for [REDACTED]. The mechanism of injury was reported when the patient caught a heavy ramp weighing about 600 pounds in his hands above his head, thus hyperextended both wrists with his left arm completely collapsing backwards injuring his left shoulder. A partial list of his current medical diagnoses includes: psoriatic arthritis; asthma and status post Anterior Cervical Discectomy and Fusion C3-C4 to C5-C6. Multiple surgeries have been conducted including left shoulder and left wrist/hand. Continued pain persists in his neck that radiates to the upper extremity and left shoulder. This IMR is concerned with psychiatric/psychological symptomology as it pertains to the current requested treatments. An orthopedic report from 2006 mentions the patient having depression and anxiety and receiving psychiatric treatment including medication Lexapro with huge impact in improvement. A prior psychiatric QME was conducted in 2004 with a diagnosis of mood disorder, histrionic personality. A progress note from September 2014 notes that the patient is experiencing medication withdrawal due to medication denial of authorization including psychiatric medication Lexapro. A psychological status report was provided for consideration from August 2014 and stated that he is currently taking Cymbalta 60 mg in addition to the 10 mg of Lexapro. There is a notation that he is very concerned about his future health and changes in his body since discontinuing a medication but has been pushing himself to do more around the house and to be more active. He continues to work on the balance between doing more and not overdoing it, that he remains socially isolated and having difficulty sleeping due to physical discomfort although there has been some improvement. The patient notes that the sessions of therapy have been helping him to have a place to discuss his situation and motivate him to rely more on himself. He's been diagnosed with the following psychological

diagnoses: Pain Disorder Associated with both Psychological Factors and a General Medical Condition, Depressive Disorder Not Otherwise Specified. Additional psychological diagnoses include Major Depressive Disorder and Somatization Disorder. An initial psychological report from September 17, 2013 suggests that this was the time that he began the most recent course of psychological treatment. Progress notes were found monthly from this date through August 2014. A request was made for 2 psychotherapy sessions and a 2nd request for 2 biofeedback sessions, both were non-certified. This IMR will address a request to overturn the decision.

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

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

**Two (2) psychotherapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy, Psychological Treatment Page(s): 23-24,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress Chapter, topic cognitive behavioral therapy, psychotherapy guidelines, October 2014.

**Decision rationale:** According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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 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. According to the records that were provided, this patient is already received very extensive psychotherapy that has been beneficial to him. The guidelines suggest a maximum of 13-20 sessions for most patients. The total number of sessions that the patient has received to date was not specifically discussed or mentioned. It does appear that he has been receiving treatment for at least 11 months during this current course of psychotherapy. In addition, the patient appears to have been receiving prior psychiatric treatment for perhaps as long as a decade. His history of prior courses of psychological treatment needs to be more clearly highlighted in his medical record in a concise manner. Regardless, the patient is already received well over the average amount of sessions recommended according to the official disability guidelines and continued additional sessions at this juncture would be excessive. Because the requested treatment exceeds recommended guidelines continued authorization is not deemed to be medically necessary and the utilization review determination is upheld.

**Two (2) biofeedback sessions in conjunction with cognitive behavioral therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** According to the MTUS treatment guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. As was mentioned above, the patient is already received extensive treatment. At this juncture he should be capable of implementing biofeedback relaxation training techniques independently. The guidelines suggest 10 visits maximum for biofeedback. The total quantity that he has already received was not specified however is very likely that is been greatly exceeded 10 sessions at this juncture and further treatment of biofeedback is not in harmony with stated guidelines. Therefore this request is not medically necessary.