

<b>Case Number:</b>	CM14-0036655		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	03/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Board Certified Clinical Psychology 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 independent review, this patient is a 39 year old female who reported an industrial/work related injury on May 10, 2011. The injury reportedly occurred during the course of her usual and customary work as a house cleaner when she was cleaning a bathtub and after standing up felt a sharp pain in her low back. She has been diagnosed with L4-5 degenerative disc disease with annular bulge; low back pain, lumbar radiculopathy, and chronic pain syndrome. She had conservative treatment of trigger point injections, tens unit, pain medications, acupuncture, physical therapy, chiropractic treatment, and home exercise program without significant improvement. She has been determined to be not a candidate for surgery. Psychologically she has symptoms of anxiety, depression, and sleep disturbance. Her level of depression was noted to be severe and marked by constant worry, sadness and tearfulness, loss of interest in activities that used to be pleasurable, isolation, fatigue most of the time, hopelessness, and loss of interest in sexual activity. Psychologically, she has been diagnosed with Major Depressive Disorder, single episode, severe; Generalized Anxiety Disorder; and Pain disorder associated with both a general Medical condition and psychological factors. Requests for 12 sessions of cognitive behavioral therapy, and 12 sessions of biofeedback, were made and both non-certified with modifications proposed. This independent review will address a request to overturn both decisions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve sessions of Cognitive Behavioral Therapy (CBT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Goup/The Medical Disability Advisor; Official Disability Guidelines/Integrated Treatment Guidelines-Disability Duration Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part two, Behavioral interventions, cognitive Behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, psychotherapy guidelines, June 2014 update.

**Decision rationale:** Utilization review rationale for non-certification of this treatment modality was specified as being an issue of quantity of the number of sessions. Based on a review of the patient's medical chart, it is unclear whether this is an initial treatment request or an ongoing one. There was one note indicating she had had some prior treatment and responded well to it. However, because there is insufficient documentation with regards to any prior sessions it does appear that this has to be treated as if it's an initial treatment request. It is essential that the patient be given an initial trial first of 3 to 4 sessions. If there is functional improvement additional sessions can be provided afterwards according to the Chronic Pain Medical Treatment Guidelines. Due to lack of documentation of prior treatment sessions and based on the Chronic Pain Medical Treatment Guidelines, the requested 12 cognitive behavioral therapy sessions are not medically necessary or appropriate.

**Twelve sessions of biofeedback therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor; Official Disability Guidelines/Integrated Treatment Guidelines-Disability Duration Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, biofeedback Page(s): 24.

**Decision rationale:** The modification downward from twelve sessions to three to four sessions to be held over two weeks is correct, and with evidence of functional improvement a total of six to ten visits over five to six weeks of individual sessions, can be offered. The request for twelve sessions exceeds the maximum quantity allowed by the Chronic Pain Medical Treatment Guidelines, and ignores the need for an initial brief treatment trial to determine if the patient is responsive before proceeding further. According to the ODG treatment guidelines June 2014 update a total of six to ten visits over a five to six week period of individual sessions may be offered with the patient continuing use and practice biofeedback exercises at home after 10 sessions. The request for twelve sessions of biofeedback therapy is not medically necessary or appropriate.