

<b>Case Number:</b>	CM14-0092051		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 licensed 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 49 year old female who reported injury on 09/07/2012. The mechanism of injury was a motor vehicle accident. Her diagnoses included thoracic or lumbosacral neuritis or radiculitis, chronic pain, lumbosacral disc degeneration, sprains and strains of the lumbar region. Her past treatments included physical therapy, massage, chiropractic therapy, medications, acupuncture, use of a TENS unit, trigger point injections and a back brace. Diagnostic studies included an MRI of the lumbar spine on 03/27/2013 and EMG/NCV of the bilateral lower extremities on 05/24/2013. The injured worker had no pertinent surgical history. During the psychological evaluation on 05/28/2014 the injured worker claimed to have feelings of sadness, irritability and frustration with decreased interest in social activities. Additionally she reported a lack of sleep and appetite with weight loss of 25 pounds due to pain and being anxious. Upon psychological testing (Millon Behavioral Medicine Diagnostic Inventory) psychiatric distress was not revealed. The Pain Patient Profile validity index indicated her anxiety (T=53) and somatization (T=49) levels were in the average range with below-average level of depression (T=45) which indicated minimal problems. Though her pain did not occupy an unbalanced amount of her attention, her somatic symptoms may have complicated her symptom perception and response to treatment. The interpretation of the Symptom Checklist-90-Revised score patterns indication was the injured worker was suffering significant psychological difficulties. The diagnostic impression was moderate major depression, anxiety disorder, and psychosocial environmental problems. The injured worker's Global Assessment of Functioning was 60. Her complaints on 05/29/2014 were neck and lower back pain rated 8/10, radiating to bilateral thighs and right leg, with nausea secondary to medications and poor quality of sleep. She described her pain as throbbing constricting and aching, though manageable with medication. Her medications included Cyclobenzaprine 7.5mg, Norco 10/325mg, and Quazepam

15mg. The treatment plan included a request for functional restoration program initial evaluation. The rationale for the request was significant psychological distress interfering with the ability to function, therefore delaying her recovery. The Request for Authorization form was not submitted for review.

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

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

#### **12 sessions of Cognitive Behavior Therapy (CBT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Cognitive Behavior Therapy (CBT) Guidelines

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

**Decision rationale:** The request for 12 sessions of cognitive behavior therapy (CBT) is not medically necessary. The California MTUS Guidelines note cognitive behavior therapy for 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. Initial therapy for patients with risk factors for delayed recovery, should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. An Initial trial of 3 to 4 psychotherapy visits over 2 weeks should be considered after 4 weeks if there is a lack of progress from physical medicine alone. In conjunction with supported objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be recommended. The psychological assessment indicated the injured worker's Pain Patient Profile scores did not reveal significant depression, anxiety, or somatization; however, the provider indicated the injured worker was experiencing "significant psychological difficulties". There is a lack of documentation which provides objective evidence of psychological symptoms. The request for 12 sessions of cognitive behavioral therapy would exceed the guideline recommendation for an initial trial of 3-4 sessions. As the requested number of sessions exceeds the recommended number of sessions for an initial trial, the request is not medically necessary.

#### **6 sessions of Biofeedback: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Biofeedback therapy guidelines

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

**Decision rationale:** The request for 6 sessions of biofeedback is not medically necessary. The California MTUS Guidelines do not recommend biofeedback as a stand-alone treatment, but it is recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise

therapy and return to activity. After 4 weeks of cognitive behavioral therapy with supported objective functional improvement, an initial trial of 3 to 4 biofeedback visits over 2 weeks may be considered. The psychological assessment indicated the injured worker's Pain Patient Profile scores did not reveal significant depression, anxiety, or somatization; however, the provider indicated the injured worker was experiencing "significant psychological difficulties". There is a lack of documentation which provides objective evidence of psychological symptoms. Additionally, the request for 6 sessions of biofeedback would exceed the guideline recommendation for an initial trial of 3-4 sessions. As the requested number of sessions exceeds the recommended number of sessions for an initial trial, the request is not medically necessary.