

<b>Case Number:</b>	CM14-0093048		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2014

### 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 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 that were provided for this independent medical review, this patient is a 47 year old male who reported an industrial/occupational work-related injury on 7/8/11 during his normal work duties. This report will focus on the patients psychological symptoms. He is been diagnosed with Depressive Disorder NOS; Anxiety Disorder NOS; Sleep disorder due to medical condition; and pain disorder. The patient reports depression, feelings of sadness, fatigue, sense of hopelessness, loss of pleasure in activities, social avoidance, low libido, sleep disturbance, emptiness, crying episodes, and stated that he feels sad because he's not the same person as he was before the injury and is dependent on his wife to do many activities of daily living and is awaiting his third surgery on his knee. He reports significant anxiety and worries about falling and has already fallen once. He says he isn't afraid to drive and is unsure of himself, and that he is afraid to go outside the times and that his stomach gets cramped up. Requests were made for Cognitive Behavioral Therapy, biofeedback therapy (6 sessions over 2 months) and for office visits with this practice (1 x 6 -8 weeks over the course of 6 months). The request was based on the need for treatment for his psychological symptoms including anxiety, pain sensitivity, generalized automatic hyper-arousal, depression. The request for each service was not medically necessary. Utilization review explained that the reason for a denial due to the quantity of sessions requested exceeding the guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback Therapy x 6 Sessions over 2 Months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback, Psychology Evaluation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback Therapy Guidelines <http://www.odg-twc.com/odgtwc/pain.htm>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Psychotherapy Guidelines, Cognitive Behavioral Therapy Treatment for Depression.

**Decision rationale:** The date of the utilization review was June 2, 2014. Additional information was provided for this independent review that was not available at the time of the original utilization review. In late June and early August the patient began Cognitive Behavioral Therapy and Biofeedback treatments and had four sessions and progress notes were provided to me for this review regarding these treatment sessions. In addition the patient has had his third knee surgery with good results. In response to this surgery and also the treating that he has received in the initial trial of psychological treatment he has responded positively stating that his thinking and attitude has improved that he is using the tools that he is learning in his mental outlook. According to the MTUS guidelines for biofeedback, biofeedback is not recommended as a stand-alone treatment that as an option in a cognitive behavioral therapy program. Initially, the treatment should include 3 to 4 sessions to see if the patient responds with objective functional improvement. If this improvement is noticed additional sessions may be offered up to a maximum of 10, after which the patient should continue biofeedback exercises at home. Because this patient has had treatment and is responding well to it he can be offered the maximum that is allowed according to the MTUS guidelines. It is the finding of this independent review that the requested treatment is appropriate and medically necessary. The original utilization review not medically necessary of this request was correctly made, they offered a modification of four sessions based on the MTUS guidelines stipulating that an initial trial of 3 to 4 sessions. It appears that these sessions have been completed and that they were successful, this information was not available the time of the UR decision.

**Initial Cognitive Behavioral Therapy x 6 Sessions over 2 Months.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Chapter, Psychology Evaluation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy Guidelines: <http://www.odg-twc.com/odgtwc/pain.htm> Official Disability Guidelines (ODG) Cognitive Behavioral Therapy Guidelines for Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, page 23-24 Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress chapter, topic psychotherapy guidelines, cognitive behavioral therapy treatment for depression.

**Decision rationale:** As was mentioned above for the request for Biofeedback, this patient has completed the initial trial of Cognitive Behavioral Therapy and it was successful in producing

improved outlook on his condition as well as improved management of his anxiety and depression. This information was not available the time of the utilization review which based on the information is provided to them correctly made a decision to not medically necessitate with modification. This information was provided in psychotherapy progress notes from early August. Based on this information, The treatment can be authorized in full according to the MTUS guidelines which state that patients after 3 to 4 session initial trial may have a maximum of 13 - 20 sessions, if progress is being made (see Official Disability Guidelines psychotherapy guidelines). Because of this new information and overturning the not medically necessary and authorize this treatment.

**4 Office Visits with this Practice (1 x 6 - 8 Weeks Over Course of 6 Months): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 8 - 14, 127, Chronic Pain Treatment Guidelines Psychological Evaluations, Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Psychotherapy Guidelines <http://www.odg-twc.com/odgtwc/pain.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines (ODG) Chapter: Mental Illness and Stress, Office Visits.

**Decision rationale:** This request for unspecified office visits cannot be medically necessary due to its being vaguely stated. It is unclear based on the wording of this request whether not this is a request for treatment with a psychologist, a psychiatrist, or any other type of mental health professional. Because it is so vaguely written is impossible to approve without knowing which type of mental health provider will be seeing him and even more importantly exactly what it is issues that are to be addressed. Because the patient has been enrolled in, and is attending, and has been approved for Cognitive Behavioral Therapy these sessions would cover most issues that would be discussed in treatment with a psychologist. If this request is to have office visits with a psychologist it appears to be redundant with the ongoing cognitive behavioral therapy that he is already receiving. It would be important to have the reasons why this additional request for treatment is needed. If in fact this is a request to visit with a psychiatrist (MD) then it needs to be stated as such and the specific request would be appropriate for that. Because of the vague major this request it cannot be authorized. According to the Official Disability Guidelines office visits are recommended Evaluation & Management play a critical role in the diagnosis and return to function of an injured worker. However, they must be more clearly stated than this request is. Therefore the decision is to uphold the non medically necessary decision of this treatment modality. Should the treating Physician wish to resubmit this request more specifically it can be reconsidered at that time if it is still medically necessary, but the rationale for doing so must be more clearly stated as well as I was unable to find it in the records that were provided.