

<b>Case Number:</b>	CM14-0167280		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	12/03/2011
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Psychologist

### 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 70 year old female, who sustained an industrial-work injury on 12-3-11. A review of the medical records indicates that the injured worker is undergoing treatment for Major depression and chronic pain syndrome. Treatment to date has included pain medication, psyche care, injections, Cognitive Behavioral Therapy (CBT) at least 6 sessions and other modalities. Per the treating physician report dated 8-18-14 work status is with restrictions. Medical records dated 8-18-14 indicate that the injured worker states that since her last appointment she has received psychological treatment and her psychological symptoms have improved. She reported that specifically the 6 appointments were helpful "to get things explained to her nicely, a place to talk about things, she felt a sense of relief after leaving, and she stopped having nightmares." The Cognitive Behavioral Therapy (CBT) note dated 6-19-14 reveals that the injured worker is doing better and she states that she is feeling much better. She states that her sleep is much better and feels rested. The injured workers positive and proactive attitude has been very beneficial. She has been very successful in therapy and Cognitive Behavioral Therapy (CBT) process. Dream work has been positive and helped with her nightmares and fear associated with sleep and bad dreams. The injured worker endorsed 3 symptoms of post-traumatic stress disorder that lasted over a month to include intrusive thoughts, distress when exposed to cues that resemble the event and efforts to avoid thoughts, feelings or talking about the event. The injured worker scored 18 on the Beck Depression Inventory which places her in the mild range of clinical depression. She also scored an 8 on the Beck Anxiety Inventory which is suggestive of mildly anxious state. The mental status exam reveals euthymic mood, mild

anxiety, responds only to questions, coherent and logical. The physician indicates that she continues to struggle with chronic pain and mood disorders and her symptoms have not resolved. The requested services included Psycho-education group protocol once a week for six weeks and Biofeedback therapy 6-10 visits. The original Utilization review dated 9-11-14 non-certified the request for Psycho-education group protocol once a week for six weeks and Biofeedback therapy 6-10 visits.

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

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

**Psycho-education group protocol once a week for six weeks:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**Decision rationale:** The ACOEM guidelines states that patient education is a cornerstone of effective treatment. Patients may find it therapeutic to understand the mechanism and natural history of the stress reaction and that it is a normal occurrence when their resources are overwhelmed. Education also provides the framework to encourage the patient to enhance his or her coping skills, both acutely and in a preventative manner by regularly using stress management techniques. Physicians, ancillary providers, support groups, and patient-appropriate literature are all educational resources. According to the provided medical records, patient appears to have received six sessions of cognitive behavioral therapy to date. However, it could not be determined definitively whether this is the entirety of all of the psychological treatment the patient has received so far on an industrial basis since the time of her industrial injury. On the whole, it does appear however that six sessions is most likely representative of the patient's course of psychological treatment. Treatment progress notes were found from six sessions of individual psychological treatment and the utilization review report also mentions six sessions is being the total quantity of sessions provided. The Official Disability Guidelines do recommend a course of psychological treatment consisting of 13 to 20 sessions for most patients including those with a similar diagnosis that mentioned in this case. Because the patient remains mildly symptomatic but at a clinically significant level and because there is sufficient evidence of patient benefit from prior psychological treatment, and because the request is not exceed the ODG guidelines for psychological treatment the request appears to be medically reasonable and appropriate. Therefore because medical necessity is established, the utilization review decision is upheld. It should be noted that the sessions should be included in the total of cognitive behavioral therapy treatment and psychological treatment recommended under the industrial guidelines even though technically it's not listed as cognitive behavioral therapy. It is recommended that no additional psychological treatment be provided without a clear and concise summary statement of how much treatment the patient has received to date since the time of her injury. Because medical necessity is not established and utilization review decision is overturned.

**Biofeedback therapy 6-10 visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Biofeedback therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

**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. It does not appear, based on the provided medical records that the patient has been afforded biofeedback treatment and there are some indications that she might benefit from it. The patient appears to respond prior psychological treatment. Medical reasonableness and appropriateness of the request is been established and utilization review decision is overturned. It should be noted that this authorization for six sessions would constitute the recommended maximum treatment quantity for biofeedback for this patient and that at the completion of the treatment she should be able to utilize the techniques independently at home.