

<b>Case Number:</b>	CM14-0179940		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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, this patient is a 59 year old female who reported a work-related injury that occurred on July 9, 2012 during the course of her employment as a lead clerk at [REDACTED]. On the date of injury she tripped over a box and fell to the floor landing on her left side landing with impact on her face, head, shoulder and knee. It was not entirely clear, but seems she may have been using a walker to ambulate at the time of injury. There is a history of poorly controlled type 2 diabetes. She has reported persistent headache and balance difficulties since the time of injury. She has been diagnosed with: cervicgia, depression, post-concussive syndrome, vestibular dysfunction, and chronic pain. She reports symptoms of cognitive dysfunction, daily chronic headache and depressed mood. The cognitive different dysfunction difficulties include confusion, short-term memory (e.g. remembering names, time of day, appointments and whether or not she has turned off appliances) with difficulty concentrating on work projects and needing to have reminders around her to remember to engage in tasks. She reports that several times she forgot to pick up her grandchildren from school until somebody called to remind her. She also reports increased impatience since the time of injury. A primary concern to the patient is a sense of dizziness described as feeling like she's walking on a boat. A neuropsychological evaluation from June 2013 reported the following diagnoses: Concussion, Unspecified (per Patient Report); Post-concussive Syndrome (with Residual Deficits in Memory, Balance, and Mood); and Adjustment Disorder with Mixed Features of Anxiety and Depression. While the existence of psychological treatment progress notes were noted from April 26, 2013 through June 11, 2013 and again for August 14, 2013 through September 11, 2014; no psychological treatment notes were found from the provider of either biofeedback or cognitive therapy. An authorization for cognitive therapy times 3 in biofeedback times 3 was found for July 2014 again no progress notes were found from these sessions. A general medical progress note from her primary treating

physician noted that she had initiated biofeedback and is "making progress in the treatment having had 4 out of 6 authorized sessions. The note further states "given her response I'm requesting 6 more sessions. She is learning self-management skills for autonomic quieting using EMG and thermal guided biofeedback. As a result, her pain is better managed she is not requesting pain medications and her function as improving. She still needs to initiate the cognitive therapy as recommended from neuropsychological testing and pain psychological consultation." Subsequently, a request was made for 6 sessions of cognitive therapy and 6 sessions of biofeedback, the request was non-certified. The utilization review rationale for non-certification states that: "patient has been participating in psychotherapy and progress notes included handwritten notes that were extremely limited in legibility. There is no identifiable goal progression or functional benefit as a result." This IMR will address a request to overturn the UR decision to not authorize the requested treatments.

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

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

**Cognitive Therapy x 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Part 2, Behavioral Interventions, Psychological Treatment Page(s):. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, topic Cognitive Therapy, December 2014 update

**Decision rationale:** According to the official disability guidelines chapter on head injury, topic cognitive therapy is recommended with restrictions. For mild TBI, a referral for psychological services should be strongly considered three or more months post-injury if the individual is having difficulty coping with symptoms or stressors or when secondary psychological symptoms such as intolerance to certain types of environmental stimuli or reactive depression are severe. Treatment may include individual psychotherapy, marital therapy, group therapy, instruction in relaxation and related techniques, cognitive/behavioral therapy, social skills training and interventions/consultation in the community. Treatment guidelines suggest 13-20 visits over a 7-20 week period of individual sessions if progress is being made. It is noted that the provider should evaluate symptom improvement during the process so treatment failures can be identified early an alternative treatment strategies can be pursued if appropriate. In cases of severe major depression or PTSD up to 50 sessions if progress is being made. With regards to the 990 pages of medical records were submitted for consideration and were reviewed. There were no treatment progress notes provided from the patient's primary psychologist or treating therapist with regards to prior cognitive therapy sessions. It was not clear whether or not the patient has already received any cognitive therapy sessions. There were conflicting indications whether or not she has received prior cognitive therapy sessions. As indicated in the utilization review discussion, psychological treatment did occur in 2013 and 2014, however a progress note from September 2014 from her primary treating physician stated that she had had not started cognitive therapy but it was authorized. Her participation in cognitive therapy in prior years, if any, is also unclear.

The total number of sessions provided to the patient, if any was not clearly documented. It is unclear if this request for 6 sessions is a request to start for an initial course of treatment or to continue a pre-existing one. If it is a request to start a new course of cognitive therapy in a patient who has not already received any prior cognitive therapy, then the request exceeds guidelines for an initial treatment trial consisting of 3 to 4 sessions to determine whether or not the patient benefits from the requested treatment with objective functional improvements with subsequent sessions contingent upon progress being made. If the request is to provide additional sessions for an already in progress course of therapy, then there were no progress reports found regarding prior sessions documenting patient benefit. The medical necessity of the requested treatment for 6 sessions of cognitive therapy was not supported by the documentation provided, because the medical necessity was not established the utilization review determination is not medically necessary.

**Biofeedback therapy x 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines part 2, behavioral interventions, 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. With regards to the requested treatment, no treatment records were provided with regards to her past biofeedback sessions. No specific progress notes from the patient's biofeedback therapist were found. It is unclear how many sessions of biofeedback training the patient has had to date. There was one note from her primary medical doctor that discussed her biofeedback treatment briefly and mentioned that 4 out of 6 sessions completed. However it was unclear whether or not the 6 sessions referred to an authorization or the total number received. Actual treatment progress notes from the patient's biofeedback sessions was not provided. It is unclear if she was being taught to use the biofeedback exercises independently at home and if so was she successful in doing so. Individual session data was not provided with respect to biometric information. This is particularly important in biofeedback be able to assess what the sessions are consisting of and results being achieved. The request for 6 additional session most likely would exceed treatment guidelines recommending 6-10 sessions given that at least 6 sessions have already been authorized. Due to lack of information supporting the request for 6 additional sessions, the medical necessity of additional treatment sessions is not supported by the documentation provided for this review and the original utilization determination is not medically necessary.

