

<b>Case Number:</b>	CM15-0142551		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	12/27/2007
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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 50 year old female who sustained an industrial/work injury on 12-27-07. She reported an initial complaint of back pain. The injured worker was diagnosed as having post laminectomy syndrome, lumbar radiculitis/radiculopathy. Treatment to date includes medication, SCS (spinal cord stimulator), lumbar surgery 2012, and diagnostics. MRI results were reported on 7-11-13 and 12-17-13 of the lumbar spine. CT scan results were reported on 7-11-13 of the lumbar spine. Currently, the injured worker complained of back pain radiating to the legs. Per the primary physician's report (PR-2) on 1-5-15, exam noted limited range of motion to lumbar region and positive straight leg raise. The requested treatments include 8 counseling sessions and 8 biofeedback sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 counseling sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

**Decision rationale:** Citation Summary: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measurable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions). If documented that CBT has been done and progress has been made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for counseling 8 sessions and biofeedback 8 sessions, utilization review determined the request was not medically necessary for the following reason: "there is no description of objective functional improvement as a result of the treatment the claimant has received already." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The medical necessity of the request for 8 counseling sessions could not be established based on the provided documentation. The medical records provided for this IMR consisted of approximately 10 pages, there was very limited information regarding the patient's psychological status, and there was no information provided about this patient's prior psychological treatment history, if any has occurred. It is not clear how much prior treatment she has received and what if any objectively measured functional outcomes have been derived from. Without further documentation regarding the patient's current psychological status as well as detailed information regarding any prior psychological treatment, the medical necessity of this request could not be established and therefore the utilization review decision is upheld. This is not to say that the patient does, or does not require psychological treatment only that there was insufficient documentation with regards to this request.

**8 biofeedback sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Pages 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.” Decision: A request was made for counseling 8 sessions and biofeedback 8 sessions, utilization review determined the request was not medically necessary for the following reason: "there is no description of objective functional improvement as a result of the treatment the claimant has received already." This IMR will address a request to overturn the utilization review decision. The medical necessity of the request for 8 Biofeedback sessions could not be established based on the provided documentation. The medical records provided for this IMR consisted of approximately 10 pages, there was very limited information regarding the patient's psychological status, and there was no information provided about this patient's prior psychological treatment history, if any has occurred. It is not clear how much prior treatment she has received and what if any objectively measured functional outcomes have been derived from. Without further documentation regarding the patient's current psychological status as well as detailed information regarding any prior psychological treatment, the medical necessity of this request could not be established and therefore the utilization review decision is upheld. This is not to say that the patient does, or does not require psychological treatment only that there was insufficient documentation with regards to this request.