

<b>Case Number:</b>	CM15-0143165		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 (IW) is a 35-year-old female who sustained an industrial injury to the low back, right shoulder, right knee and right ankle on 03-12-2014. Diagnoses include pain disorder associated with both psychological factors and a general medical condition; depressive disorder NOS; and post-traumatic stress disorder. Treatment to date has included medications, physical therapy, shoulder, knee and ankle steroid injections, bracing and crutches, modified activity, cognitive behavioral therapy (CBT) and biofeedback and TENS unit. She had a consultation and some CBT with the psychologist, which, she stated in the 5-20-2015 Visit Notes, was beneficial. According to the Psychological Status Report dated 6-25-2015, the IW reported physical complaints of nausea, metallic taste in the mouth and swelling, numbness and pain involving the neck, right shoulder, right leg and back. Psychological complaints included sleep disturbance, severely limited functioning, anxiety and depression. The report's 6-22-2015 entry stated the IW reported feeling more relaxed and more hopeful for improvement through the Functional Restoration Program; she was using mindfulness and cognitive restructuring to combat negative thinking. Her functional improvements were listed as improved understanding of the relationship between stress and pain, beginning Qigong, improved diet, increased hope, improved relaxation and improved autogenic management of autonomic arousal. A request was made for biofeedback six (6) units and psychotherapy six (6) units.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback 6 units:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Biofeedback Page(s): 23, 24-25.

**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. According to the provided medical records, the patient appears to have received 6 sessions of Biofeedback therapy to date. There were psychological treatment progress notes from the sessions provided for consideration for this review. Improvements based on treatment are reported to have resulted in increased use of active coping skills, improved diet use of mindfulness, ability to engage in cognitive restructuring and pacing activities. Improvements were noted in the pain catastrophize and scale and both the Beck anxiety and depression inventories. At this juncture the patient is reported to remain psychologically symptomatic at a clinically significant level, and does not appear to exceeded the MTUS guidelines for this treatment modality which recommend a total of 6-10 sessions maximum after which the patient can continue to practice biofeedback techniques independently at home. This request for 6 additional sessions would bring the apparent total of sessions received a 12. The request for 6 additional sessions was modified by utilization review to allow for 4 sessions bringing the total to 10 which is consistent with MTUS guidelines. In this case, the request only slightly exceeds the MTUS guidelines by 2 sessions and based on the patient's clinical presentation as it was presented in the medical records and specifically psychological treatment progress notes, the request for 6 additional sessions appears to be reasonable and medically appropriate. Therefore, because medical necessity established the utilization review decision is medically necessary.

**Psychotherapy 6 units:** Overturned

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

**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. 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. According to the provided medical records, the patient appears to have received 6 sessions of cognitive behavioral therapy to date. There were psychological treatment progress notes from the sessions provided for consideration for this review. Improvements based on treatment are reported to have resulted in increased use of active coping skills, improved diet use of mindfulness, ability to engage in cognitive restructuring and pacing activities. Improvements were noted in the pain catastrophize and scale and both the Beck anxiety and depression inventories. At this juncture the patient is reported to remain psychologically symptomatic at a clinically significant level, and does not appear to exceeded the official disability guidelines for this treatment modality which recommend a total of 13 to 20 sessions maximum for diagnosis. This request for 6 additional sessions would bring the apparent total of sessions received a 12. Utilization review refers to the MTUS guidelines over the official disability guidelines, which are somewhat more generous in making its decision. In this case given the patient is making progress and that she is not a candidate for surgical interventions, the extended treatment course recommended by official disability guidelines appears to be more appropriate. Because the medical necessity the request for additional sessions has been established adequately utilization review decision is medically necessary.