

<b>Case Number:</b>	CM15-0148984		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	07/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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:

This 41 year old male sustained an industrial injury to the low back on 10-1-11. Previous treatment included physical therapy, lumbar brace, transcutaneous electrical nerve stimulator unit, epidural steroid injections and medications. In October 2012, the injured worker underwent detoxification from oral medications. On 6-12-13, the injured worker underwent posterolateral laminotomy and medial fasciectomy and foraminotomies at L3-4 and L4-5. Following the surgery, the injured worker developed a wound infection and ongoing urinary incontinence. The injured worker also received individual psychotherapy and psychiatric care that terminated in June 2014. In a pain psychology consultation dated 7-1-15, the injured worker complained of pain in the low back, groin, testicular area, bilateral buttocks and bilateral lower extremities, rated 5 to 8.5 out of 10 on the visual analog scale. The injured worker also reported struggling with significant depression, anxiety and insomnia. The injured worker stated that he had been experiencing suicidal ideation. The physician diagnosed the injured worker with pain disorder associated with both psychological factors and a general medical condition. The physician stated that the injured worker suffered from a severe chronic pain syndrome with severe reactionary depression and anxiety. The injured worker required assistance in expanding his repertoire of pain coping skills and improving his mental status. The physician noted that the injured worker had not received cognitive behavioral therapy in the past. The physician recommended psychiatric care for medication management and twelve sessions of cognitive behavioral therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBT x 12 sessions (1x Per week, every other week): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 19-23.

**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:** 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 co-morbid 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. The request was made for 12 sessions of biofeedback and 12 sessions of cognitive behavioral therapy, requests were modified by utilization review to allow for six sessions of each treatment modality. The utilization review decision for modification was stated as: "regarding CBT times 12 sessions (one time per week, every other week). California MTUS supports an initial trial of four psychotherapy visits, CBT is medically necessary for this patient and eight CBT trials recommended. Recommended partial certification of CBT times six sessions (one time a week, every other week). A similar rationale provided for biofeedback treatment modification to authorize six sessions to be used in conjunction with the CBT treatment. This IMR will address a request to overturn the UR decision and authorize 12 sessions of each treatment. The patient received a comprehensive initial pain consultation that was completed on July 1, 2015. The results of the assessment concluded that the patient "suffers from a severe chronic pain syndrome with severe reactionary depression and anxiety." Based on this evaluation, the patient has been properly identified as a patient who may benefit from psychological treatment including cognitive behavioral therapy

and biofeedback. At this juncture, ball treatment modalities appear to be reasonable and medically appropriate. The issue is the treatment quantity requested. Both the MTUS and the official disability guidelines recommend an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) and up to 4 to 6 sessions (ODG). Upon completion of the initial treatment trial with documentation of patient benefit from treatment if any has occurred including objectively measured functional improvements additional sessions may be authorized and determined to be medically necessary. Because this request for 12 sessions of each treatment modality does not follow the protocol as recommended in both industrial guidelines for an initial brief treatment trial, the medical necessity the request is not established on an industrial basis per guidelines. Therefore, the utilization review decision is upheld and the request is not medically necessary.

**Biofeedback x 12 sessions (1x per week): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. The patient received a comprehensive initial pain consultation that was completed on July 1, 2015. The results of the assessment concluded that the patient "suffers from a severe chronic pain syndrome with severe reactionary depression and anxiety." Based on this evaluation, the patient has been properly identified as a patient who may benefit from psychological treatment including cognitive behavioral therapy and biofeedback. At this juncture ball treatment modalities appear to be reasonable and medically appropriate. The issue is the treatment quantity requested. Both the MTUS and the official disability guidelines recommend an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) and up to 4 to 6 sessions (ODG). Upon completion of the initial treatment trial with documentation of patient benefit from treatment if any has occurred including objectively measured functional improvements additional sessions may be authorized and determined to be medically necessary. Because this request for 12 sessions of each treatment modality does not follow the protocol as recommended in both industrial guidelines for an initial brief treatment trial, the medical necessity the request is not established on an industrial basis per guidelines. There are two additional considerations for use of biofeedback, first the request for biofeedback sessions is noted in the MTUS to be recommended but not as a stand-alone procedure but only to be used in the context of an ongoing CBT program, in addition 6 to 10 sessions maximum recommended for biofeedback after which the patient can continue to use the learned treatment modality independently at home .Therefore, the utilization review decision is upheld and the request is not medically necessary.

