

<b>Case Number:</b>	CM15-0184600		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	02/17/1997
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 63 year old female, who sustained an industrial-work injury on 2-17-97. A review of the medical records indicates that the injured worker is undergoing treatment for Major depressive disorder, pain disorder with mixed physical and psychological features, neuropathic pain syndrome lower extremities, and status post lumbar fusion, cauda equine syndrome, chronic with bilateral extremity weakness and residual bowel and bladder incontinence. Medical records dated (4-8-15 to 8-24-15) indicate that the injured worker complains of low back, right knee, leg pain and incontinence. The pain is described as hot-burning moderate pain, radiates to hips, numbness in the buttocks and feet with electrical pain in both lower extremities and feet. She also report bowel and bladder incontinence. The pain is rated 6-10 out of 10 on the pain scale at its worst, 4-10 at its least, average is 4-5 out of 10 and initial is 4 out of 10. The medical records also indicate worsening of the activities of daily living. Per the treating physician report dated 8-6-15 the work status is permanent and stationary. The Cognitive Behavioral Therapy (CBT) consultation dated 8-6-15 reveals that the injured worker was referred for Cognitive Behavioral Therapy (CBT) consultation for treatment of chronic pain. He injured worker has reported dysfunctional coping mechanisms adapting to the complications she experienced from developing cauda equina syndrome, including lower extremity weakness and bowel and bladder incontinence. The injured worker reports depressed mood every day, decreased appetite, insomnia, fatigue, concentration deficits, excessive anxiety and rumination. She reports a low level of coping. The physical exam reveals fatigue, agitation, restricted range, depressed and anxious with tearfulness throughout interview, concentration deficits, and

attention deficits. The injured worker had a depression score of 44 which indicates severe depression. The anxiety score was 31 which was a severe range of anxiety. The pain score was 40 and this was significant for adjustment difficulties and poor progression through rehab. Treatment to date has included pain medication including Oxycodone, Morphine, Doxepin, and Celebrex, lumbar surgeries 1997 and 1998, acupuncture, Cognitive Behavioral Therapy (CBT), nerve stimulator trial for bladder control, psychiatric treatment, gym, water therapy, diagnostics and other modalities. There is no previous Cognitive Behavioral Therapy (CBT) sessions noted. The requested services included 12 visits of cognitive behavioral therapy over 4 months and 12 visits of biofeedback over 4 months. The original Utilization review dated 9-3-15 non-certified the requests for 12 visits of cognitive behavioral therapy over 4 months and 12 visits of biofeedback over 4 months.

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

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

#### **12 visits of cognitive behavioral therapy over 4 months: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker continues to experience chronic pain since her work-related injury in 1997. She has also developed psychiatric symptoms secondary to her chronic pain. In the psychological evaluation dated 8/6/15, evaluating psychologist, [REDACTED], recommended follow-up psychological services including 12 CBT sessions and 12 concurrent biofeedback sessions. The request under review is based on this recommendation. It was also noted within the report that the injured worker had not received any recent psychological treatment. Therefore, the request under review can be considered a request for initial services. In the treatment of chronic pain, the CA MTUS recommends an initial trial of 3-4 visits. In the treatment of depression, the OCD recommends up to 13-20 sessions, if progress is being noted. Utilizing both guidelines, the request for an initial 12 sessions appears reasonable. As a result, the request for 12 CBT sessions is medically necessary.

#### **12 visits of biofeedback over 4 months: Upheld**

**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:** Based on the review of the medical records, the injured worker continues to experience chronic pain since her work-related injury in 1997. She has also developed psychiatric symptoms secondary to her chronic pain. In the psychological evaluation dated 8/6/15, evaluating psychologist, [REDACTED], recommended follow-up psychological services including 12 CBT sessions and 12 concurrent biofeedback sessions. The request under review is based on this recommendation. It was also noted within the report that the injured worker had not received any recent psychological treatment. Therefore, the request under review can be considered a request for initial services. In the treatment of chronic pain, the CA MTUS recommends that biofeedback be used in conjunction with CBT. It recommends an initial 3-4 visits, and with evidence of objective functional improvement, a total of 6-10 visits. It further suggests that exercises can be done at home following the 10th visit. Given this guideline, the request for an initial 12 biofeedback sessions exceeds not only the initial number of recommended sessions, but also the total number of sessions set forth by the CA MTUS. As a result, the request for 12 biofeedback sessions is not medically necessary.