

<b>Case Number:</b>	CM15-0186705		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	10/23/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 39 year old female, who sustained an industrial injury on October 23, 2014. She initially reported pain in the mid-back and between her shoulder blades. The injured worker was initially diagnosed as having thoracic strain and lumbar strain. Diagnoses based upon psychological test analysis included pain disorder associated with both psychological factors and a general medical condition, depressive disorder and anxiety disorder. Treatment to date has included diagnostic studies, home exercises, medications, physical therapy, psychological testing, biofeedback, individual psychotherapy and chiropractic treatment. On July 21, 2015, the injured worker was noted to have insomnia occurring nightly, diminished life enjoyment, feelings of discouragement about her future, fatigue, irritability, tearfulness, indecisiveness, social withdrawal, difficulty with concentration and panic attacks. On August 20, 2015, the injured worker complained of chronic pain in the mid back, in between the shoulder blades and down to the sacrum. The pain was reported to intensify with any movements. Psychological complaints included sleep disturbance, anxiety and depression. On August 27, 2015, utilization review denied a request for six sessions of psychotherapy and six biofeedback sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Psychotherapy 6 sessions: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 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 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. Decision: a request was made for six sessions of biofeedback and six sessions of psychotherapy; both requests were non-certified by utilization review which provided the following rationale for its decision: "six additional sessions of cognitive behavioral therapy are not supported as the claimant has received about 20 sessions of treatment. This is in excess of the recommendations of the guidelines and necessitates a discussion of treatment plan with questions about termination. The AP was not available for this discussion. Therefore, the request for six sessions of psychotherapy are not medically necessary." 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. According to a July 21, 2015 psychiatric consultation, the patient was evaluated and received psychological assessment and testing. The

psychometric testing showed severe levels of depression and anxiety according to Beck inventories. She was injured when trying to lift the patient up off the floor during her work in a nursing facility. Multiple psychological progress notes were provided for the patient describing in detail her psychological treatment. Treatment appears to be reflecting small but significant improvements in the patient's symptoms of depression and anxiety as well as pain catastrophize and an ability to calm her Autonomic Nervous System arousal levels. Treatment goals are listed although there is no reflection of what the expected dates of accomplishment are. The provided psychological treatment progress notes also neglect to provide specific information regarding the total quantity of sessions that have been provided to date. They do discuss the quantity of sessions provided relative to the most recent authorization, which is not a cumulative total as is needed. The utilization review rationale for its decision however does mention that the patient has had 20 sessions to date. Current industrial guidelines recommend a psychological treatment course consisting of 13 to 20 sessions maximum with evidence of patient benefit and improvement. An exception can be made in some cases of very severe symptomology for example severe Major depressive disorder or PTSD. This does not appear to apply to this patient in this case. In this case, the patient does appear to have received the maximum quantity recommended by the industrial guidelines. The patient does appear to remain symptomatic at a clinically significant level, and does appear to have been benefiting with both subjective and objectively measured indices as a result of her treatment. Although the patient has reached the maximum quantity of treatment recommended by the guidelines, an exception can be made in this case to allow for this request to be authorized based on the continued levels of psychiatric and psychological symptomology, the preponderance of evidence suggesting she's benefiting from treatment, and that although she has reached the maximum amount of treatment she has not had an excessive or inordinate quantity. Six additional treatment sessions appeared to be reasonable provided that they are used to bring this current treatment to a resolution. Although the medical necessity of the request for these additional six sessions has been met, the sessions should be utilized to facilitate the transition to termination of treatment and independent psychological functioning or continuing psychological treatment on a nonindustrial basis. The request is medically necessary.

**Biofeedback 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback, Behavioral interventions.

**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 six sessions of

biofeedback and six sessions of psychotherapy; both requests were non-certified by utilization review which provided the following rationale for its decision: "six additional sessions of biofeedback are not supported as the claimant has received about 20 sessions of treatment. This is in excess of the recommendations of the guidelines and necessitates a discussion of treatment plan with questions about termination. The AP was not available for this discussion. Therefore, the request for six sessions of biofeedback are not medically necessary." This IMR will address a request to overturn the utilization review decision. The MTUS guidelines recommend a course of biofeedback consisting of 6 to 10 sessions after which the patient is presumed ready to use the relaxation therapy techniques independently at home. In this case, the patient appears to have received 20 sessions although the precise number could not be determined, as it is not reported in the medical records of this particular modality. Because the patient has exceeded the treatment guidelines for this treatment modality by a significant amount, the medical necessity of further treatment is not supported and therefore the utilization review decision is upheld. The request is not medically necessary.