

<b>Case Number:</b>	CM15-0195229		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	06/27/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 51 year old female injured worker suffered an industrial injury on 6-27-2014. The diagnoses included major depression, anxiety disorder, and pain disorder sleep disorder, post-concussion syndrome with headaches and anxiety and left cervical radiculopathy. On 9-16-2015 the treating provider reported depressed mood, reduced interest in activities, fatigue, and worthlessness and diminished ability to think or concentrate. He noted the injured worker looked depressed. On exam the entire left arm had reduced sensation in the C6 dermatome with pain in the left and right cervical strap muscles and facet areas. The injured worker reported difficulty sleeping due to anxiety and headaches. The provider noted he evaluated the activities of daily living adaptation and stress tolerance, social functioning, concentration, pace and persistence, mental status evaluation. The provider reported he used the following psychological instruments: modified somatic perceptions questionnaire, pain catastrophizing scale, incomplete sentence adult form, Beck depression inventory, Epworth sleepiness scale, and personality assessment inventory and brief battery for health improvement. The provider noted the score on FABQ was clinically significant and at high risk. Prior treatment included Naproxen and Nortriptyline. Request for Authorization date was 9-16-2015. The Utilization Review on 9-29-2015 determined non-certification for Initial Cognitive Behavioral Therapy (CBT), 3-4 psychotherapy visits over 2 weeks and Biofeedback therapy, 3-4 psychotherapy visits over 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Initial Cognitive Behavioral Therapy (CBT) - 3-4 psychotherapy visits over 2 weeks:**

Overtured

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

**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:** Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 2015 update. 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 "Initial Cognitive, Behavioral Therapy (CBT)-3-4 psychotherapy visits over two weeks." The request was non-certified by utilization review which provided the following rationale for its decision: "There is no documentation provided to indicating comprehensive report with findings, diagnosis, and treatment plan. Therefore, the request for an initial cognitive behavioral therapy (CBT) 3 to 4 psychotherapy visits over two weeks is neither medically necessary or appropriate." Additional information appears to been included in the documentation for this IMR. The 20 page psychological initial evaluation from September 16, 2015 establishes the basis of reported psychological sequelae from industrial injury that occurred when a coworker who was reaching for a wooden board off the shelf accidentally dropped the board on her head, reported psychological symptomology includes: depressed mood, reduced activity and interest,

fatigue, guilt, concentration reduced. Nortriptyline has been prescribed with some reports of improvement and sleep but frequent headaches while reduced have continued. According to this report, she was diagnosed with the following: post-concussion syndrome with headaches and anxiety; left cervical radiculopathy. Six visits of cognitive behavioral therapy were recommended for anxiety and post-concussion syndrome. Because the medical records did contain a psychological evaluation, and because the evaluation established the medical basis for the request in terms diagnosis and symptomology to be addressed, and because the request is supported by MTUS guidelines which recommend an initial brief treatment trial of 3 to 4 sessions in order to determine whether or not the patient is benefiting from the treatment, the medical necessity and reasonableness of the request was established.

**Biofeedback therapy - 3-4 psychotherapy visits over 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

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

**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 Biofeedback-3-4 psychotherapy visits over two weeks. The request was non-certified by utilization review which provided the following rationale for its decision: "There is no documentation provided indicate a comprehensive report with findings, diagnosis, and treatment plan. Therefore, the request for biofeedback 3 to 4 psychotherapy visits over two weeks is neither medically necessary or appropriate." The medical necessity for the requested biofeedback sessions was not established by the provided documentation. In the initial psychological evaluation report six visits of cognitive behavioral therapy was requested for the "patient's anxiety and post concussion syndrome." While the medical necessity of this request was established, there is no discussion in the rationale for additional (to the CBT) biofeedback treatment at this juncture. If biofeedback treatment is to be included as a part of her psychological treatment then the medical necessity the request needs to be clearly established with a stated provided rationale for the request and treatment plan discussing which biofeedback modalities would be utilized (e.g. EMG, GSR, etc.). Therefore because the medical necessity of this request is not established the utilization review decision for non-certification is upheld.