

<b>Case Number:</b>	CM15-0197657		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	09/21/2004
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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 46 year old female who sustained an industrial injury on 9-21-04. A review of the medical records indicates she is undergoing treatment for major depressive disorder, generalized anxiety disorder with panic attacks, psychological factors affecting medical condition, lumbar sprain and strain, bilateral lower extremity radiculopathy, and degenerative disc disease L5-S1. Medical records (6-24-15 to 9-17-15) indicate that the injured worker has a long-standing psychological history dating back to June 2006. The 9-17-15 psychological report indicates that the injured worker was undergoing individual and group psychotherapy, as well as biofeedback session until 10-21-08. The records indicate that her "emotional condition has worsened since the discontinuation of previous treatment". The psychotherapy and biofeedback sessions were directed towards the relief of anxiety, depression, sleep disruption and multiple stress-related medical complaints. The record states that "in the past seven years", the injured worker "has experienced an increase in depressive symptoms including agitation, pessimism, a lack of motivation, diminished self-esteem, and feelings of emptiness, inadequacy, and alienation. The treating provider states that due to deterioration in her emotional condition, there has been a worsening in her social functioning. The provider indicates that she "has been less able to get along with people and has become more emotionally withdrawn, guarded, and suspicious, as well as more irritable and prone to inappropriate outbursts of anger". She has also had symptoms of panic with "more incidents of fear of dying, shortness of breath, feelings of unreality, a rapid heartbeat, sweating, and fearing the worst". She is noted to have a decreased interest in activities of daily living, such as working around the house, applying make-up, and

cleaning the home. She is noted to have sleep disturbance with "more nightmares and more tiredness during the day". Psychological testing has included Beck Depression Inventory, scoring 49, indicating "severe" depression. The treating provider indicates that her thought processes were noted to be "pressured, anxious, and disturbed when describing how the physical injuries have caused persistent pain and disability". The treatment recommendations include "further emotional treatment", including cognitive behavioral therapy and biofeedback. The utilization review (9-30-15) includes requests for authorization of 6 sessions of cognitive behavioral psychotherapy and 6 sessions of biofeedback sessions. Both requests were denied.

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

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

#### **6 sessions of cognitive behavior psychotherapy: 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) recommends 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. A request was made for six sessions of cognitive behavioral therapy, the request was non-certified by utilization review which provided the following rationale for its decision: "upon review of submitted documentation the patient has not undergone any physical medicine therapy for exercise

instructions since at least 2010. Given that the patient has not undergone any physical medicine therapy for exercise instructions in the past five years are guidelines suggest indicating cognitive therapy, the request for therapy at this time is not suggested. The prospective request for six sessions of cognitive behavioral therapy is recommended non-certified. This IMR will address a request to overturn the utilization review decision of non-certification. According to a psychological evaluation from the requesting psychologist September 9, 2015 the patient has received a previous course of psychological treatment that was completed in October 2008 at which time she received "14 sessions of supportive individual and mostly group psychotherapy sessions and five biofeedback sessions since January 10, 2010. The prior treatment was described and noted to have resulted in relief of symptoms of "anxiety, depression and sleep disturbance but also reduction in multiple stress-related medical complaints." It was noted that in the seven years since treatment ended there is been increased symptoms of depression and "deterioration in the (the patient's) emotional condition and social functioning." She has been diagnosed with the following: "Major Depressive Disorder, single episode, unspecified and Generalized Anxiety Disorder with panic attacks, and Psychological Factors Affecting Medical Condition. According to a May 29, 2015 AME in psychiatry report from [REDACTED], it is noted that "the applicant did sustain chronic depression, most consistent with persistent depressive disorder and is now termed per DSM-5. The applicants individual psychotherapy is a waste of time. Some group counseling from time to time could be utilized during periods of decomposition worsening, but it is just medication that she needs." The requesting psychologist incorrectly sites ODG guidelines as allowing 26 sessions when in actuality the recommended ODG guidelines for cognitive behavioral therapy include 13 to 20 visits which includes the initial treatment trial. The patient appears to not have received any psychological treatment in a fairly lengthy period of time estimated to be approximately seven years, she appears to be experiencing clinically significant symptomology, and at this juncture it appears reasonable and medically appropriate to allow for six sessions of cognitive behavioral therapy as a reinforcement for the prior treatment. Per AME report, this should be considered to be a short-term course of treatment, to allow for psychological stabilization, rather than the start of a new an extended course of psychological treatment. These six sessions should be considered to comprise that short course of treatment rather than receiving the maximum of 13 to 20 per ODG the MTUS guidelines of 6-10 sessions recommended should be utilized due to apparent extensive prior psychological treatment being provided. For this reason the utilization review determination is medically necessary.

**6 biofeedback sessions:** 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): 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. A request was made for six sessions of biofeedback, the request was non-certified by utilization review which provided the following rationale for its decision: "the guidelines do not recommend biofeedback as a stand-alone treatment but recommended as an option in cognitive behavioral therapy. Given that this current review the request for cognitive therapy was recommended non-certified and guidelines do not recommend biofeedback sessions as a stand-alone treatment, the request for biofeedback is not suggested. The prospective request for six biofeedback sessions is recommended non-certified." This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully reviewed for this IMR, while there was indication of a need for a very short course of cognitive behavioral therapy, there is no indication for the need for including additional biofeedback component. It is not clear how much biofeedback the patient has already received in the past. There was no medical records indicating her prior biofeedback treatment outcome in terms of quantity and objectively measured functional improvement derived from it. The MTUS guidelines recommend 6 to 10 sessions maximum after which patient should be capable of using biofeedback treatment independently. It is not clear if she has already received the maximum amount recommended by MTUS guidelines. At this juncture, although CBT short treatment course is indicated additional adjunct of biofeedback appears likely to be redundant and excessive with prior treatments, although this could not be determined definitively as there is no detailed information provided. Therefore the medical necessity the request is not established and utilization review decision is not medically necessary.