

<b>Case Number:</b>	CM15-0199548		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/28/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 42 year old female, who sustained an industrial injury on 1-28-14. The injured worker is diagnosed with lumbosacral spondylosis and right calcaneal spur with contusion, pain disorder associated with both psychological factors and general medical condition, depressive disorder (not otherwise specified) and anxiety disorder (not otherwise specified). Her work status is modified duty. A note dated 9-18-15 reveals the injured worker presented with complaints of low back pain that radiates into the right lower extremity to the knee and thigh. The pain is worsened by walking and rising from a seated position. A note dated 9-11-15 reveals poor concentration, memory loss, poor appetite, loss of usual interests, sleep disturbance, fatigue, weight loss, loss of libido, shortness of breath, heart palpitation, chest pain, excessive sweating, cold hands, stomach upset and dry mouth. Physical examinations dated 6-29-15, 7-24-15, 8-21-15, and 9-18-15 revealed decreased lumbar range of motion, guarding and spasms are noted. She reports symptoms of increased anxiety and depression. An evaluation dated 9-11-15 revealed generally anxious and depressed mood, restricted affect. A progress note dated 9-18-15 reveals home exercise program daily helps with mobility, chiropractic care alleviates her pain temporarily, acupuncture reduced her pain from 7-8 out of 10 to 5-6 out of 10 after each session, medication reduces her pain from 6 out of 10 to 4 out of 10 and physical therapy improved pain for several months. A lumbar MRI (2015) revealed disc bulging at L3-L4. A request for authorization dated 7-27-15 for psychotherapy x6 is modified to 4 sessions and biofeedback x 6 is modified to 4 sessions, per Utilization Review letter dated 9- 29-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Psychotherapy x6 units:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain.

**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:** Citation Summary: 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. Decision: a request was made for six sessions of cognitive behavioral therapy; the request was modified by utilization review to certify four sessions. The following rationale was provided for the reasons for the modification by utilization review: "guidelines speak to psychotherapy CBT referral after four weeks if lack of progress from physical therapy alone with an initial trial of 3 to 4 psychotherapy visits over two weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). This request has exceeded those guidelines. The request is modified to certify 4." This IMR will address a request to overturn the utilization review decision for modification. 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 the provided medical records, the patient received a comprehensive psychological consultation report on September 22, 2015, which included the administration scoring and interpretation of psychometric assessment instruments. Mechanism of injury was reported to have occurred while she was lifting a box while unloading furniture leading to a fall on a set of stairs while working at target. This IMR will address for psychological symptomology as her physical symptomology is well detailed in the medical records. Current complaints include excessive crying, fatigue, nausea, poor concentration, memory loss, anxiety and depression. She is diagnosed with: Pain Disorder associated with Psychological Factors and a General Medical Condition; Depressive Disorder; and Anxiety Disorder Not Otherwise Specified (should be ruled out). Based on the limited provided medical records, the patient appears to be considered to be a properly identified patient as discussed in the industrial guidelines for psychological treatment. Psychological treatment appears to be appropriate in this case as the patient is experiencing psychological symptomology at a clinically significant level. The request for six sessions of cognitive behavioral therapy is medically appropriate and reasonable. The requested six sessions does not exceed treatment guidelines for this therapeutic modality. It appears that the patient may have received a couple of the initial sessions however it could not be determined by the provided medical records of these have been completed or not. The official disability guidelines (ODG) recommend an initial treatment trial consisting of 4 to 6 sessions. After which, the recommendation for further treatment states that additional sessions up to a maximum of 13 to 20 may be utilized contingent upon documentation of patient benefit from treatment including objectively measured functional improvement. In this case, the request is consistent with industrial guidelines and has been found to be reasonable as well as medically necessary and therefore the utilization review decision for modification is medically necessary.

**Biofeedback x6 units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Biofeedback Therapy Guidelines.

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

**Decision rationale:** Citation Summary: 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 treatment; the request was modified by utilization review to allow for four sessions with the following provided rationale:

Biofeedback may be approved if it facilitates entry into a CBT program, where there is strong evidence of success. This is the case in this patient, so it can be certified. ODG biofeedback therapy guidelines speak to an initial trial of 3 to 4 visits with evidence of objective functional improvement, it's total of up to 6 to 10 visits over 5 to 6 weeks (individual sessions). Patients may then continue biofeedback exercises at home. Because six sessions have been given with outcome success, for additional sessions can be authorized at this time, with a maximum of 10 for completion. This IMR will address a request to overturn the utilization review decision of modification and to allow for six units of biofeedback. The request for six additional sessions for biofeedback treatments was not established as being medically necessary based on the provided documentation. The medical records indicate that the patient has had six prior biofeedback sessions. The medical records for the six prior biofeedback sessions were not included in the provided medical records. Industrial guidelines (MTUS) recommend 6 to 10 sessions maximum for patients using this treatment modality after which biofeedback training techniques should be used independently at home by the patient. Because this request slightly exceeds the recommended guidelines of the MTUS, and because there's no documentation regarding the patient's prior biofeedback treatment sessions to demonstrate the effectiveness of the technique with the patient that were provided for consideration for this IMR the medical necessity of this request was not established adequately and therefore the utilization review determination is not medically necessary.