

<b>Case Number:</b>	CM15-0200094		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/01/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 55 year old female, who sustained an industrial injury on 11-1-11. Medical records indicate that the injured worker is undergoing treatment for bilateral hand and finger pain and major depressive disorder. The injured worker was noted to be temporarily totally disabled. On (9-10-15) the injured worker complained of increased pain in the bilateral hands and fingers. The injured worker also noted new pain in her left thumb after carpal tunnel surgery on 4-18-15. The pain was rated 8 out of 10 on the visual analogue scale. The injured worker was noted to have experienced feelings of sadness, fatigue, low self-esteem, apathy, a sense of hopelessness, sleep disturbance, appetite changes, being worried all the time and being very stressed. Objective findings revealed that the injured worker had a subdued affect. The injured worker denied suicidal ideation and denied any history of engaging in self-injurious behavior. There was no evidence of an underlying psychotic condition. Treatment and evaluation to date has included medications, comprehensive drug panel, physical therapy, group psychotherapy and multiple bilateral hand and finger surgeries. Current medications include Ambien, Diclofenac, Cyclobenzaprine and Naproxen. The current treatment requests include Biofeedback Therapy sessions # 4, Cognitive Behavior Therapy sessions # 4 and Group Psychotherapy sessions # 6. The Utilization Review documentation dated 9-28-15 non-certified the requests for the Biofeedback Therapy sessions # 4, Cognitive Behavior Therapy sessions # 4 and Group Psychotherapy sessions # 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four Biofeedback Therapy Sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 four sessions of biofeedback treatment, the request was non-certified by utilization review which based its rationale on insufficient documentation of prior psychological treatment. Biofeedback treatment is supported by the MTUS guidelines but not as a stand-alone treatment but rather as a option within a cognitive behavioral therapy to facilitate exercise therapy and returned to activity. Additional progress notes appear to have been submitted that were available for this IMR that may not have been included in the original utilization review decision including a fairly comprehensive report from September 10, 2015. In this report the patient is attempting to exercise and is watching exercise videos but not able to engage with them. Biofeedback treatment does not appear to have been provided for this patient is a part of her prior psychological treatment. However this could not be determined definitively as the September 10, 2015 report did not specifically address biofeedback treatment in terms of prior session treatment quantity and the patient's date of injury refers back to 2011 which suggests the possibility that she might have already received biofeedback. In the absence of having a very clear statement regarding the patient's prior biofeedback treatment, specifically discussing whether there was any biofeedback treatment provided to date and if so how many sessions, the medical necessity of this request could not be established. The information is needed because the MTUS guidelines recommend that 6 to 10 sessions would be appropriate. In this case because it could not be determined whether or not she has received any sessions so it could not be determined whether or not this request would exceed the MTUS guidelines. In the event that she is not received any biofeedback treatment in the past, then biofeedback treatment would be appropriate. The only information was provided in the September 10, 2015 regarding treatment quantity stated that the patient received six prior sessions of group psychological treatment. There was no mention of either biofeedback session quantity or cognitive behavioral therapy session quantity. Because this information was not provided, the medical necessity the request was not definitively established and therefore the utilization review decision is upheld. Therefore, the request is not medically necessary.

## **Four Cognitive Behavioral Therapy Sessions: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines.

**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. 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. The medical records were provided were not clear with regards to the session quantity that has been provided to the patient. There is no discussion provided regarding prior cognitive behavioral therapy in on an individual basis. Cognitive behavioral therapy is supported by the industrial guidelines with the official disability guidelines recommendation that patients can receive a maximum of 13 to 20 sessions. The provided medical records, specifically the September 10, 2015 report, mentioned group psychotherapy treatment sessions. In addition the medical records did contain multiple GROUP psychotherapy treatment session progress notes. It

is not clear whether she has received prior cognitive behavioral therapy and if so how much is the provided. The patient remains symptomatic psychologically a clinically significant level. The patient appears to be benefiting from her group psychological treatment, although there is clearly been a setback recently due to increased pain that she is recording which has resulted in some increases in psychological symptomology. The use of the group psychotherapy format is not indicated by the industrial guidelines for this patient (see below discussion on group therapy). However individual, one-on-one, cognitive behavioral treatment is. Although the quantity of prior cognitive behavioral therapy that has been provided, if any, is not known, an exception will be made to authorize four sessions of cognitive behavioral therapy to this patient in order to give the therapist an opportunity to more clearly state how much, if any, prior individual CBT treatment the patient has received as well as to continue the provided psychological treatment which appears to be appropriate and necessary at this juncture for this patient. However it should be noted that this is an exception to the industrial guidelines and further exceptions should not be made without specific information provided regarding prior session quantity and outcome. Therefore, the request is medically necessary.

### **Six group Psychotherapy Sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment, Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, see also group therapy: 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. Regarding Group therapy, the ODG states it is recommended as an option, Group therapy should be provided in a supportive environment in which a patient with Post Traumatic Stress Disorder (PTSD) may participate in therapy with other PTSD patients. Welcome treatment should be considered for patients with PTSD, current findings do not favor any particular & of group therapy over other types. 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. The patient has been receiving from psychotherapy session treatment. Several treatment progress notes were provided. The patient appears to be benefiting from group therapy. However it is not clear why the patient is being provided group therapy. The MTUS and ODG guidelines do support the use of group psychotherapy with patients with PTSD. This patient does not have PTSD. The request for group psychotherapy in addition to the request for cognitive behavioral therapy and in addition to the request for biofeedback treatment is redundant, and not supported by the industrial guidelines and determined to be not medically necessary, therefore the utilization review determination for non-certification is upheld. Therefore, the request is not medically necessary.