

<b>Case Number:</b>	CM15-0211345		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	07/02/2014
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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 49 year old, male who sustained a work related injury on 7-2-14. A review of the medical records shows he is being treated for right shoulder, right arm and low back pain. In the Psychological Status Reports dated 9-28-15 and 10-19-15, the injured worker reports insomnia, anxiety, panic attacks, depression, intrusive memories and nightmares. He reports hostility at work which created severe anxiety and resulted in a panic attack. On physical exam dated 10-19-15, after 20 minutes of biofeedback, his blood pressure came down and his pain rating went from 7 out of 10 to 6 out of 10. He has decreased his alcohol consumption with biofeedback. Treatments have included aqua therapy, TENS unit therapy-beneficial, physical therapy, medications, and biofeedback therapy. Current medications include Tramadol and Gabapentin. He is temporarily totally disabled. The treatment plan includes requests for six visits for individual psychotherapy and 6 visits for biofeedback. In the Utilization Review dated 10-20-15, the requested treatment of psychotherapy 1 x 6 weeks is modified to Psychotherapy 1 x 4 weeks. The requested treatment of biofeedback 1 x 6 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Biofeedback, 1 time weekly for 6 weeks, 6 units:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive behavioral therapy (CBT) guidelines for chronic pain.

**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. A request was made for biofeedback treatment one time weekly for six weeks, six units. The request was non-certified by utilization review which cited the industrial guidelines as it's rationale for its decision. The provided medical records do indicate patient benefit and progress as a result of the psychological treatment provided to date. In addition, does not appear that the patient has received an amount of psychological treatment that exceeds the industrial guidelines. A treatment note from September 21, 2015 indicates that the patient had participated in his first initial treatment session at that time. An initial psychological consultation report was found from September 14, 2015 which further substantiates that his psychological treatment appears to have started in late September. The precise quantity of treatment sessions is not definitively known but appears to be six sessions of psychological treatment and six sessions of biofeedback. It is essential that the treating provider clearly state the total quantity of treatment sessions and not the relative amount to the most current authorization. However, taken as a whole, the patient appears to be benefiting and having functional improvement as well as the request appears to be only slightly exceeding the MTUS guidelines. The MTUS guidelines for biofeedback indicate 6 to 10 sessions maximum with the patient continuing with biofeedback practice at home independently afterwards. Assuming that the patient has received only six sessions this request would bring the total to 12 exceeding the MTUS guidelines by two sessions. In this case an exception can be made to the MTUS guidelines to allow for the two additional sessions based on his progress in treatment as reflected in the detailed progress notes that were provided. Therefore the request appears to be medically appropriate and reasonable and thus the utilization review decision for non-certification is overturned.

**Psychotherapy, 1 time weekly for 6 weeks, 6 units:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive behavioral therapy (CBT) guidelines for chronic pain.

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

**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. A request was made for psychotherapy one timely weekly for six weeks. The request was modified by utilization review to allow for four sessions. Utilization review provided a rationale for the modification based on MTUS guidelines. This IMR will address a request to overturn the utilization review determination. 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 provided medical records do substantiate that the patient is benefiting from the provided treatment and that the request is consistent with industrial guidelines. Although the MTUS guidelines specify 6 to 10 sessions maximum for psychological and cognitive behavioral therapy, the Official Disability Guidelines (ODG) do allow for a more extended course of psychological treatment of 13 to 20 sessions. In this case the patient does not appear to have exceeded the ODG guidelines. Although, this request was modified by utilization review to conform with the MTUS guidelines, given that the patient is experiencing significant psychological symptomology as a direct result of his industrial injury and appears to be reportedly benefiting from the psychological treatment, and has not exceeded the ODG guidelines, the request for six sessions appears to be reasonable, medically appropriate and indicated. Therefore the utilization review determination is overturned.