

<b>Case Number:</b>	CM15-0039452		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	01/19/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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 59 year old male, who sustained an industrial injury on January 19, 2011. The diagnoses have included supraspinatus tear right and chronic pain. Treatment to date has included physical therapy four sessions, shoulder surgery, left shoulder 07/24/11, 10/9/13 and 7/10/14 and pain medication. Currently, the injured worker complains of left shoulder pain. In a progress note dated February 17, 2015, the treating provider reports examination of both upper extremities revealed decreased range of motion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy, six sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19 - 23 and 98 - 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; 23-24.

**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) allow a more extended 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. The request for 6 sessions of psychological treatment was by utilization review modified to allow for 4 sessions of psychotherapy. The utilization review determination for the modification was stated that "additionally, CA MTUS supports and initial trial of 4 psychotherapy visits. This patient is demonstrating some mild depression and an initial trial of 4 visits is reasonable to see how he response to therapy." The MTUS and the ODG official disability guidelines treatment guidelines do specifically state that a initial treatment trial consisting of 3 to 4 sessions (MTUS) or up to 6 sessions (official disability guidelines) should be provided for properly identified patients. With documentation of significant patient benefit including objectively measured functional improvements, additional sessions can be authorized up to a maximum total of 13-20 (ODG) except in some cases of severe major depression/PTSD when additional sessions can be authorized contingent upon medical necessity and documentation of patient benefit. In this case the patient has not had any prior treatment therefore the proper treatment protocol is to allow for an initial treatment trial in order to determine patient response to treatment with subsequent sessions contingent upon documentation of said benefit. Therefore, the utilization review determination for a modification is correct and the request to overturn the utilization review determination is not approved.

**Six sessions of biofeedback therapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19 - 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, biofeedback Page(s): 23-24.

**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. The utilization review decision for non-certification rationale was stated as: "he has already been approved for an initial trial for 4 sessions of psychotherapy. His pain is noted to be improving with physical therapy and it is unclear why he requires biofeedback at this time. This request can be further evaluated once the patient has had an initial trial of psychotherapy." The use of biofeedback is an accepted treatment for chronic pain conditioning in conjunction with cognitive behavioral therapy treatment program. The utilization review decision for non-certification is incorrect in that there is no specific requirement that the request for biofeedback treatment is contingent upon patient benefit of the initial treatment trial for psychotherapy. In addition given the fact that the patient has had three surgeries for his shoulder extensive physical therapy sessions and conventional medical treatments and is continuing to show delayed recovery this is a reasonable and appears to be medically necessary treatment request and therefore the utilization review determination for non-certification is overturned.