

<b>Case Number:</b>	CM14-0180156		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	03/04/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records that were provided for this IMR, this patient is a 60 year-old female who reported an industrial injury that occurred on May 1, 2001 during the course of her employment for [REDACTED]. There appears to be several dates of injury including claims from 1998, and 2003. The mechanism of injury described as repetitive activity: desk work, filing, and moving charts causing her to develop neck, shoulder, and upper extremity pain without a specific traumatic event. The patient's primary treating physician note of October 9, 2014 that the patient is complaining of bilateral hand and wrist pain and wants to proceed with carpal tunnel surgery and trigger finger release that she continues to have pain in her wrist and wears a splint bilaterally which is effective and helpful and she is not using much in the way of medication and is working full-time but complains of severe fatigue. Psychiatrically she complains of anxiety and depression. Her primary treating physician diagnosed her with: carpal tunnel syndrome, pain psychogenic NEC; depression; pain in shoulder joint bilateral; cervical spondylosis without myelopathy, epicondylitis lateral; and cervicobrachial syndrome. A psychological evaluation was conducted in September 2014. She reported the following symptoms: depression, excessive feeling of wanting to sleep with little to no energy. She has sensitivity to noise and anxiety in groups of people. Under psychiatric history of reported that she had been "seen by a psychologist in the past many years ago and found it helpful." No further information was provided with regards to her prior psychological treatment in terms of date, outcome, or treatment modalities used, or otherwise. She was diagnosed with the following: Major Depressive Disorder, Moderate; Generalized Anxiety Disorder; Pain Disorder Associated with Both General Medical Condition and Psychological Factors. Cognitive behavioral therapy was requested to provide the patient with "behavioral skills and coping strategies to alleviate depression and anxiety and insomnia; biofeedback was requested to

alleviate anxiety and autonomic arousal associated with chronic pain and medical issues." A request from July 9, 2014 from her primary physician for a psychological evaluation states that she is reporting more panic attack feelings and is uncertain whether she can continue to work and she feels that she is getting behind due to pain and panic attacks. A fax cover sheet the office of her physician from July 2014 states: "To my knowledge the patient above has not received psych treatment in the past." A note from October 31, 2013 mentions psychiatry re-referral consultation from March 2013 without any details provided. A request was made for 12 sessions with a psychologist, the request was non-certified with a modification allowed for 6 sessions; a 2nd request was made for 6 biofeedback sessions, this was non-certified without modification. The utilization review rationale for modification of the requested with the psychologist to allow for 6 sessions was stated as an initial trial of 6 visits over 6 weeks is recommended in the patient has not previously participated in any prior psychotherapy sessions." The rationale for non-certification of biofeedback was stated as: "the patient was previously approved for 6 psychotherapy visits which are required by the guidelines to occur in order for biofeedback to be appropriate. The guidelines continue on to say that a biofeedback referral can be considered in conjunction with cognitive behavioral therapy after 4 weeks, and at this time the patient has not yet completed the trial. Therefore, based on the guidelines recommendations and the patient's clinical history, the request for 6 biofeedback sessions is non-certified." A utilization review treatment appeal dated from November 2014 was submitted and considered for this IMR. The note indicates that she has been participating in psychological consultation and has had 3 sessions. There was no progress notes included from the treating psychologist that reflected the outcome of those 3 sessions. This IMR will address a request to overturn the utilization review decisions.

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

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

**12 Psychological sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy; Psychological Treatment Page(s): 23-24;. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, November 2014 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 measureable/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) allows a more extended treatment. According to the Official Disability Guidelines, 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. Official Disability Guidelines 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. With regards to this request for 12 additional sessions of psychological treatment, there is insufficient documentation to demonstrate the medical necessity of the request. Although the patient has had a comprehensive psychological evaluation, and it did reflect psychological symptomology as noted above, the report and all of the medical records that were carefully reviewed did not discuss the patient's prior psychological treatment which apparently she did have. There was some conflicting information with regards to this that is also detailed in the above section. There is one note stating that she did not have prior treatment however the most clearly stated document mentioned that she did have prior psychological treatment and found it helpful. No details were provided of how much treatment she had, when the treatment occurred, and with the objective functional improvements were that were derived from the treatment. The patient's injuries date back approximately 14 years, and there are indications of multiple dates of injury. Without information with regards to her prior psychological treatments, if any, additional sessions cannot be considered. Continued psychotherapy treatment is contingent upon the patient evidencing benefit from the treatment in order to establish medical necessity it is also contingent upon the duration of prior treatments that were offered. In addition, for this current treatment session which appears to started fairly recently, 3 sessions were provided and while a utilization review denial rebuttal letter was included it did not present evidence of the patient exhibiting objective functional improvements as a result of the current treatment that she's receiving. Therefore, this request is not medically necessary.

**Six biofeedback 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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Biofeedback Page(s): 24-25.

**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, the

patient may "continue biofeedback exercises at home" independently. With regards to this request, the utilization review rationale for non-certification was incorrect in stating that it is a requirement that an initial treatment trial of psychotherapy needs to be held first. However, the medical necessity of this request for 6 sessions has not been established. The request exceeds the recommended initial treatment trial guidelines of 3 to 4 visits, with additional sessions up to a maximum of 10 offered contingent upon evidence of objective functional improvement. But also as was mentioned above without information with regards to what her prior treatments consisted of and if she is already had biofeedback sessions and if so how many were provided and what the outcome was in terms of functional improvement and ability to use the techniques independently. If in fact she's never had any biofeedback treatment whatsoever it would need to be clearly documented in the records provided and the request would still need to conform to the MTUS guidelines listed above for 3 to 4 sessions as an initial course of treatment. Therefore, this request is not medically necessary.