

<b>Case Number:</b>	CM14-0181369		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 provided for this independent medical review, this patient is a 27 year old male who reported an industrial injury that occurred on August 2, 2012. The injury reportedly occurred while the patient was working in his usual customary duties as a security guard when he was punched in the face, causing him to fall to the ground and injuring his knee; afterwards he was unable to stand up. He returned to work, but in February 2013 he was confronted by an assailant who threatened him but did not attack. He reported becoming nauseous, shaky and vomiting and required support from his girlfriend to continue his work. A partial list of the patient's medical diagnoses includes: status post anterior cruciate ligament reconstruction, and medial meniscus repair, ACL tear of the right knee. He reports persistent knee pain and has had chiropractic care, physical therapy, acupuncture, TENS unit and conventional orthopedic medicine. He was referred for psychological evaluation due to "failed coping, increased social isolation, depression, avoidance, decreased self-care, limited functional ability and difficulties engaging independently in the world without becoming panicked or hopeless." On July 7, 2014, the psychological evaluation presented the following diagnoses: Moderate Major Depression, Posttraumatic Stress Disorder, Pain Disorder Associated with Both Psychological Factors and a General Medical Condition Chronic. A combined request was made for 12 sessions of cognitive behavioral therapy and 6 sessions of biofeedback, the request was non-certified; utilization review offered a modification for 4 sessions of cognitive behavioral therapy. This IMR will address a request to overturn that decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Requested cognitive behavioral therapy x 12, biofeedback x 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 24-25, 101-102. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, cognitive behavioral therapy ; and biofeedback 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. 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 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. With respect 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 return 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. This requested treatment of 12 sessions of cognitive behavioral therapy (CBT) and 6 sessions of biofeedback as an initial treatment request exceeds medical guidelines. Both the MTUS and ODG guidelines specify that a brief initial course of treatment needs to be conducted in order to identify whether or not the patient is likely to benefit substantially from the treatments. For CBT, the MTUS guidelines recommend an initial set of 3 to 4 sessions, or up to 6 sessions (ODG), the initial treatment trial of biofeedback should consist of 3 to 4 sessions. The medical necessity of treatment beyond the initial trial is contingent on the presence of significant symptoms as well as documentation of specific benefit from treatment, including functional improvement. Because the requested treatment does not follow proper protocol for an initial treatment medical necessity of this request was not established, and the original utilization review determination is upheld.