

<b>Case Number:</b>	CM14-0211495		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	05/28/2012
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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:

According to the provided medical records, this patient is a 39 year old male who reported a work-related injury that occurred on May 29, 2012 during the course of his employment for [REDACTED]. The injury occurred while he was caring some garbage cans from the house down steps he tripped and fell landing on his left wrist and right knee with immediate injuries. A partial list of his medical diagnoses include: sprain of left wrist, contusion of right knee, anserine bursitis. The pain is described as burning with allodynia, he has been diagnosed with reflex sympathetic dystrophy of the upper limb. This IMR will concern itself with the patient psychological symptoms/treatment as they relate to the requested procedure. There is indication of improvement from prior treatment that he has engaged in increased activities with his children, increased socialization, increased exercise, and that treatment goals have been to reduce depression, anxiety, improve sleep and employability. A UR review of a progress report dated July 29, 2014 notes that the patient has had 30% improvement in his mood based on prior psychological sessions. He has been diagnosed psychologically with the following: Major Depressive Disorder and Depressive Factors Affecting a Physical Condition. A request was made for 6 sessions of cognitive behavioral therapy and biofeedback, the request was modified to allow for 4 sessions of cognitive behavioral therapy and 4 sessions of biofeedback by utilization review; 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:

**6 Sessions of cognitive behavioral therapy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Cognitive Behavioral Therapy 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 for 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. With regards to the request for an additional 6 sessions of cognitive behavioral therapy, the medical necessity and appropriateness of the requested treatment has been established by the documentation provided. As best as could be determined, the patient has received 6 sessions of treatment to date and there is indication of improvement in his mood as a result in additional 6 sessions would bring the total the patient has received to 12. According to the MTUS guidelines patients may have a maximum of 6 to 10 sessions with documentation of improvement, however official disability guidelines are somewhat more generous and allow for 13-20 sessions with documentation of improvement. Utilization review provided a modification of the request to adhere to the MTUS guidelines, however because the severity of the patient's physical, delayed recovery including a recent trial of spinal cord stimulator, psychological symptomology, and apparent benefit from prior sessions, the more generous guidelines should be applied. The medical necessity of this request was established as it is consistent with current guidelines. Because the medical necessity the request was established, the decision is to overturn the utilization review non-certification of the request.

**6 Sessions of biofeedback: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation ODG Biofeedback Therapy Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, 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 and if medically necessary the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. With regards the request for 6 additional sessions of biofeedback, the request exceeds MTUS guidelines which allow for maximum of 10 sessions. The utilization review determination was to allow for 4 additional sessions to be offered that would bring the total that he has received to 10. Because this request does exceed the maximum number, the request is not found to be medically necessary and therefore the utilization review determination is upheld.