

<b>Case Number:</b>	CM14-0072008		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	06/14/2007
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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:

The injured worker is a 57-year-old male who sustained an industrial injury on June 14, 2007. Previous treatment included cognitive behavioral therapy and biofeedback. Currently the injured worker complains of physical limitations, pain, anxiety, depression, irritability and difficulty sleeping. Diagnoses associated with the request include adjustment disorder with mixed anxiety and depressed mood. The treatment plan includes continued cognitive behavioral therapy and biofeedback.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Cognitive Behavioral/biofeedback sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT), Biofeedback.

**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 based on Non-MTUS Citation

ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 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 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. A request was made for 6 additional sessions of cognitive behavioral therapy and biofeedback, the request was non-certified by utilization review which provided the following rationale for their decision: "the clinical information delineated above was not demonstrative of any recent meaningful improvements over any measurable clinical outcome despite sufficient trials of CBT and biofeedback. Again, guidelines do not support continued use of CBT in the absence of improved symptomology for further participation biofeedback without functional gains. Additionally the most recent available clinical presentation was not significantly deteriorated as compared to the time of P&S determination." The provided medical records indicate that he first had a psychological evaluation on August 22, 2011 and was diagnosed with adjustment disorder with mixed anxiety and depressed mood. Tx plan was for 12 sessions of psychology and biofeedback (completed March 22, 2012). Is not clear how many sessions the patient has received to date according to a psychological permanent and stationary report from October 31, 2013, He was diagnosed with the following: Major Depressive Disorder, Severe, Single Episode-Predominately Work-Related; Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. As best as can be determined the patient restarted, or continued psychological treatment at this time and was authorized for additional sessions of unknown quantity. According to a requested supplemental report in psychology from March 10, 2015, the treatment recommendation was noted as the following: "reasonably continue to benefit from psychological counseling services and biofeedback during the course of the next 2 years. He might benefit from up to 20 psychological sessions to assist him with his pain management process. Therefore, (he) might benefit from another 6 psychological sessions during the course of the following year. These sessions would be intended to help him with pain management and coping skills."The patient has already been afforded a generous quantity of treatment based on the medical records provided, however the total quantity and duration is not clear but it appears to be such that it is continued over many years. Without knowing the precise

quantity of treatment sessions already afforded to the patient is not possible to determine whether a request for additional sessions would exceed guidelines. However, it seems most likely that would. In addition there is insufficient evidence of objectively measured functional improvement as a direct result of his recent psychological treatment. Although there were a few notes from the treating psychologist, in general the treatment progress notes were not sufficiently included for consideration for this IMR. There is no indication whatsoever with regards to prior biofeedback treatment sessions in terms of patient benefit. Biofeedback in particular lends itself to easily providing quantified measures of biofeedback instruments to denote changes as a result of treatment. However, number provided. In addition, MTUS guidelines recommend a maximum of 10 sessions, which almost certainly has already been provided. This particular request combines biofeedback and cognitive behavioral therapy into one request and therefore they are considered together and because the biofeedback is clearly not indicated due to excessive treatment quantity in this modality without sufficient evidence of objectively measured functional improvement the request for cognitive behavioral therapy is also denied. Because of these reasons the utilization review determination for non-certification is upheld. This is not to say that the patient does not require psychological treatment, only that the appropriateness and medical necessity of this request was not established.