

<b>Case Number:</b>	CM15-0117159		
<b>Date Assigned:</b>	07/01/2015	<b>Date of Injury:</b>	04/21/2013
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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:

This 55 year old woman sustained an industrial injury on 4/21/2013. The mechanism of injury is not detailed. Diagnoses include acute cervical strain, cervical disc herniation, right upper extremity cervical radiculitis versus peripheral neuropathy, right shoulder partial rotator cuff tear, severe depression and anxiety, left ankle sprain/strain, and history of psychosis with suicide attempts. Treatment has included oral medications and chiropractic care. Physician notes on a PR-2 dated 5/2/2015 show complaints of cervical spine pain rated 4/10, bilateral shoulder pain rated 5/10, and left ankle pain rated 2-3/10. The worker rates her overall pain 7/10 without medications and 4/10 with medications. Recommendations include psychotherapy, shoulder consultation, additional cognitive behavior therapy, biofeedback sessions, physical therapy, urine drug screen, send neuropsychologist report, and Tylenol #3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavior and biofeedback sessions rendered on dates of service 7/28/14 to 4/9/15:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, treatment guidelines; psychological intervention pages 105-127.

**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. Pages 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:** Citation Summary: 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for Cognitive Behavioral and biofeedback sessions rendered on dates of service 7.28.14 to 4/9/15; the request was non certified by UR with the following provided rationale: "In this case, the patient is with a two-year history of alleged psychiatric stress injury with associated emotional distress who has been afforded twenty-three sessions of psychotherapy and biofeedback resulting in functional benefit. However, those treatments exceed the recommended maximum scope of treatment as per industrial guidelines. In as much as the industrial criteria for medical (psychiatric) necessity are satisfied and, therefore, recommending certification for the ten sessions of psychotherapy requested. Therefore, the request is modified to certify ten sessions of cognitive behavioral and biofeedback sessions rendered (date of service: 04/29/14). To comply with guideline recommendations to be medically necessary and appropriate." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS / ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. Decision: According to the official disability guidelines, mental illness and stress chapter, guidelines for psychotherapy/cognitive behavioral therapy, a typical course of psychological treatment consists of 13 to 20 sessions maximum for most patients. According to the provided medical records the patient has received twenty-three sessions of psychotherapy and biofeedback. The request for additional psychological sessions at this juncture, exceeds guidelines and therefore the request is not medically necessary and the utilization review decision is upheld.

**Continued behavior and biofeedback sessions, six visits for three to six weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, treatment guidelines; psychological intervention pages 105-127.

**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. Pages 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:** Citation Summary: 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. A request was made for continued behavioral and biofeedback sessions, six visits for 3 to 6 weeks. The request was not approved by utilization review which provided the following rationale: "The patient is with a two-year history of alleged psychiatric stress injury with associated emotional distress was been afforded twenty-three sessions of psychotherapy and biofeedback resulting in functional benefit. However these treatments exceed the recommended maximum scope of treatment as per the industrial guidelines. Therefore, as the medical necessity the request is not been established, the request is not medically necessary appropriate." This IMR will address a request to overturn the utilization review decision. Decision: Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS / ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The provided medical records reflect that the patient has received of course of psychological treatment consistent with MTUS guidelines which offer 13 to 20 sessions maximum for most patients. The MTUS guidelines for biofeedback suggest that a typical course of psychological treatment consists of ten sessions maximum after which the patient should be fully able to incorporate the biofeedback techniques independently at home.

This patient has received more than double the maximum quantity as recommended for industrial guidelines and therefore additional sessions of biofeedback would appear to be excessive. In addition, the provided medical records do not reflect sufficient objectively measured functional improvements on the basis of prior psychological treatment that has been received by the patient. This request for additional psychotherapy exceeds the official disability guidelines for psychological treatment and therefore the request is not medically necessary and the utilization review determination for non-certification is upheld.