

<b>Case Number:</b>	CM15-0171847		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	07/21/2007
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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:

The injured worker is a 62 year old male, who sustained an industrial injury on July 21, 2007. The treating psychologist reported the traumatic events of the death of coworkers; an accident, fire, or explosion; and a life-threatening illness. The injured worker was diagnosed as having posttraumatic stress disorder, depressive disorder not otherwise specified, psychological factors affecting a physical condition, pain disorder, and hypertension. Treatment and diagnostic studies to date has included magnetic resonance imaging of the left forearm, medication regimen, status post left elbow, right elbow, and carpal tunnel release surgery, psychiatric evaluation, biofeedback, cognitive behavioral therapy, psychotherapy, acupuncture, and use of a gym. In a progress note dated July 30, 2015 the treating psychologist reports upsetting thoughts of a traumatic event, nightmares of the traumatic event, reliving the traumatic event and acting as though it was happening again, feelings of upset when reminded of the traumatic event, experiencing physical reactions when reminded of the traumatic event, trying not think or talk about the traumatic event, trying to avoid activities, people, or places that remind the injured worker of the traumatic event, less participation in important activities, feeling distant or cut off from people, feeling emotionally numb, and feeling as if future plans will not come true. On July 30, 2015 the treating psychologist also reported the injured worker to have difficulty falling or staying asleep, irritability, difficulty concentrating, hypervigilance, and a heightened startle response. On July 30, 2015, the treating psychologist noted that the injured worker had functional improvements with appetite, anxiety symptoms, depression symptoms, posttraumatic stress disorder symptoms, socialization, hobbies, exercising consistently, and an increase in

socialization. The progress note from July 30, 2015 indicated that the injured worker had at least eleven prior sessions of cognitive behavioral therapy and biofeedback up to July 28, 2015. On July 30, 2015 the treating psychologist requested twelve sessions of psychotherapy and twelve sessions of biofeedback to provide "systemic desensitization, stress inoculation training, psycho-education, encouragement of physical exercise, and psychotropic medication the treating physician requested". On August 12, 2015, the Utilization Review determined the request for psychotherapy twelve units and biofeedback twelve units to be non-certified.

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

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

#### **Psychotherapy twelve (12) units: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Mental Illness and Stress Procedure Summary Online Version last updated 03/25/2015-Psychotherapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress Chapter, topic: psychotherapy guidelines, cognitive behavioral therapy, August 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 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: 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 patient has been participating in regular psychotherapy treatment for several years now and appears to be benefiting from it. However, the patient has been authorized for 64 sessions of psychotherapy already. The MTUS guidelines for psychological treatment recommend a typical course of 6 to 10 sessions. The official disability guidelines allow for a more extended course of treatment consisting of 13 to 20 sessions maximum for most patients. An exception can be made in cases of the most severe Major Depressive Disorder or PTSD up to 50 sessions maximum or one year. As the patient was exposed to traumatic situations that involved loss of life during the course of his work as a firefighter in July 2007, and has had significant PTSD symptoms, the exception to allow an additional extended course of treatment appears to apply in this case. Because the patient has been provided 64 sessions of psychological treatment which is 14 more than the uppermost maximum for the extended course of psychological treatment reserved for the most severe cases of psychological symptomology on an industrial basis this request exceeds industrial guidelines and therefore the medical necessity is not established and request to overturn the utilization review decision is not approved. The request is not medically necessary.

**Biofeedback twelve (12) units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, biofeedback therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations.

**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. Decision: A request was made for 12 biofeedback sessions; the request was non-certified by utilization review with the following provided rationale: "in this case, the claimant has exceeded the number of visits recommended by the evidence-based guidelines. California MTUS/ODG does not support maintenance care and there should be a definitive goal towards progression towards independent maintenance toward management with a self-directed program and if this quote cannot be met ongoing care would not be supported, as lasting effect is not demonstrated. Documentation submitted for review does not reveal a change in status that would require additional treatment." This IMR will address a request to overturn the utilization review determination for non-certification. The provided medical records were carefully considered and reviewed for this IMR. The medical necessity the requested procedure is not established by the provided documentation for the

following reason: excessive quantity. The total quantity of prior biofeedback sessions already provided to date is listed as at least 48 sessions and the patient has been involved in psychological treatment for a considerable length of time and at least since July 2013. MTUS guidelines for biofeedback recommend a maximum of 6 to 10 sessions after which the patient should be able to use the treatment independently. Although the patient has suffered psychological distress as a result of his work as a fireman and being exposed to the death of a colleague, with significant PTSD symptoms; the amount and quantity of biofeedback already provided greatly exceeds the amount usually afforded to most patients. In addition, there does not appear to be documented evidence that the patient is able to sustain whatever gains and benefits are derived from the therapy independently. The therapist mentions a reduction in blood pressure as a result of biofeedback treatment. At this juncture he should be able to utilize biofeedback relaxation techniques to reduce his blood pressure independently, and if not able to do so after such a significant amount of therapy it appears unlikely that he would be able to do so with further treatment. Therefore, the request is not medically necessary and the utilization review decision is upheld.