

<b>Case Number:</b>	CM15-0062917		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/17/2003
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 50-year-old female, who sustained an industrial injury on 10/17/2003. The current diagnosis is pain disorder associated with psychological factors and a medical condition, anxiety, and depressive disorder. According to the progress report dated 3/11/2015, the injured worker has ongoing symptoms of mild anxiety and dysphoric mood. Beck depression inventory was re-administered. At the beginning of the treatment her score was 50. Her current score is 42. Beck hopelessness scale was also administered. Initial score was 19 and current score is 14. The provider indicates she is compliant and motivated in treatment. Per notes, she is clearly making gains as supported by reduction in scores in both BDI and BHS. Treatment to date has included cognitive behavioral therapy sessions. The plan of care includes 8 biofeedback sessions and 8 cognitive behavioral therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral Therapy, 8 sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT).

**Decision rationale:** MTUS Pain guidelines and ODG refer to COGNITIVE BEHAVIORAL PSYCHOTHERAPY as "Recommended for appropriately identified patients during treatment for chronic pain." MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these 'at risk' patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." Medical documentation provided indicates that this patient has already attended 11 sessions of CBT, the request is in excess of guideline recommendations of 10 visits. As such, the request for Cognitive Behavioral Therapy, 8 sessions is not medically necessary.

**Biofeedback Sessions, 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ODG biofeedback therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Biofeedback.

**Decision rationale:** MTUS states that biofeedback is "Not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." ODG also does not recommend biofeedback, but does state that it "may be useful in the initial conservative treatment of acute cervical symptoms." Biofeedback should be done as part of a CBT program. The medical documentation provided indicate this patient has attended 10 sessions of CBT and the CBT request for addition therapy was denied. Guidelines recommend against utilizing biofeedback as a stand alone treatment. As such, the request for Biofeedback Sessions, 8 sessions is not medically necessary.