

<b>Case Number:</b>	CM15-0066441		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 41-year-old male, who sustained an industrial injury on 3/14/2003. He reported a slip and fall injury. The injured worker was diagnosed as having major depressive affective disorder, single episode, and moderate, lumbar disc disease, and post laminectomy syndrome, lumbar region. Treatment to date has included diagnostics, multiple lumbar spinal surgeries, medications, spinal cord stimulator, functional restoration program, and cognitive behavioral therapy and biofeedback sessions. On 2/06/2014, the injured worker reported worsening low back pain, rated 9/10 with medications. In 9/2014, he continued to rate his pain 9/10 with medications. He also noted ongoing depression, increasing sadness, anxiety, and frustration. The psychology progress report, dated 2/23/2015, noted an average back pain rating of 7-8/10, with medication reduced to 4-5/10 for approximately 4-5 hours. Current medications included MS Contin, Norco, Soma, and Pristiq. He described a passive suicidal ideation without a plan or intent. Objectively, on mental status exam and psychological testing, his level of depression appeared to be in the severe range. The treatment plan included 10 weekly sessions of biofeedback sessions (completed ) and 10 sessions of cognitive behavioral therapy (to be completed), as well as one psychopharmacological management referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **10 Weekly Biofeedback Sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Page(s): 24 and 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. Decision: continued biofeedback treatment is contingent upon documentation of patient benefited from prior sessions as well as the total quantity of sessions requested and total quantity of prior treatment sessions consistent with MTUS guidelines. According to the provided documents in the utilization review determination, the patient has received and completed 16 biofeedback sessions to date. This request for 10 additional sessions would bring the total to 26, which would be more than double the maximum quantity recommended by the guidelines. Because the request is found to be excessive relative to the guidelines additional treatment sessions would not be medically indicated based on this standard. Therefore, the medical necessity of this request was not established due to exceeding quantity recommended per MTUS guidelines.

## **10 Weekly Cognitive Behavioral Therapy Sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions: Psychological Treatment, see also Cognitive Behavioral Therapy, psychotherapy guidelines Page(s): 101-102, 23 and 24. Decision based on Non-MTUS Citation Official Disability Guidelines (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 10 weekly cognitive behavioral therapy sessions, the request was non-certified by utilization review. This IMR will address a request to overturn that decision. According to the utilization review decision the patient has already received 14 sessions of CBT. A request for 10 additional sessions would bring the total to 24 sessions. Current treatment guidelines (ODG) indicate that a typical course of psychological treatment would have 13 to 20 session's maximum with documentation of patient benefit including objectively measured functional improvement. Some patients with severe symptoms including major depressive disorder at a severe level and PTSD may be eligible for additional sessions up to 50 maximum as long as progress is being made. Although the UR report suggests only 14 sessions have been provided, meaning that additional sessions may not exceed guidelines, it appears that this is likely inaccurate. The medical necessity of the requested procedure could not be established by the documentation provided. Over 1600 pages of medical records were submitted for consideration. A treatment progress note from Mission family therapy requesting psychological evaluation was dated April 5, 2013. Subsequently it appears that he participated in psychological treatment including cognitive behavioral therapy and possibly a functional restoration program. The patient's psychological treatment history from the date of his injury through the current date of this request was not clearly established. Because the total number of sessions that the patient has received to date was not clearly stated it could not be established whether this request would exceed the treatment guidelines for session quantity as stated above. However, it appears very likely that it would given that treatment appears to have begun during this most recent course of psychological treatment in mid-2013. Because the request appears to exceed treatment guidelines for quantity of sessions and treatment duration, medical necessity was not established. In addition, psychotherapy progress notes could not be readily located in the medical records establishing patient benefit from prior treatment or a comprehensive treatment plan with stated goals and estimated dates of accomplishment. Therefore, the request was not established as medically necessary.