

<b>Case Number:</b>	CM15-0075271		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	11/28/2013
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2015

### 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 34-year-old male who sustained an industrial injury on 11/28/2013. He was injured while transferring a patient. Diagnoses include lumbar disc displacement without myelopathy, chronic pain syndrome, degenerative disc disease, spondylosis, and herniated nucleus pulposus. In addition, there are diagnoses of panic disorder without agoraphobia, body dysmorphic disorder, and severe major depression disorder-single episode-in partial remission. Treatment to date has included diagnostic studies, medications, acupuncture, chiropractic sessions, lumbar medial branch block, physical therapy, and use of a Transcutaneous Electrical Nerve Stimulation unit. A physician behavioral and psychological evaluation done on 01/05/2015 documents the injured worker's mood was described as a "rollercoaster since the injury" with substantial depression in the first few months that has remitted since he has decreased his medication and become more active. He states his mind is always racing and that he struggles with anxiety every day, calling the anxiety the major thing. He describes his pain as a 5 on a scale of 1 to 10. He has an inability to stay focused and reported increased irritability, which he associated to the stress of everything. He described himself as just short of panic, and at times feels he has a ball in his chest, and will start to sweat and have a racing heart. The injured worker explained that this panic is accompanied by worrying a lot. Cognitive dysfunction includes difficulty with memory as well as focus and concentration. Sleep disturbance include 3-5 hours disrupted sleep. He has a loss of appetite and has lost 12 pounds. His medication includes Hydrocodone-Acetaminophen 10/325mg, and has recently started edible Marijuana,

which does help with his pain. Treatment requested is for Biofeedback sessions one times 6, and Cognitive behavioral therapy for 12 sessions.

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

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

**Cognitive behavioral therapy for 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy (CBT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment. 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. Decision: A request was made for cognitive behavioral therapy 12 sessions; the request was non-certified by utilization review which offered a partial modification with the following rationale provided: "CA MTUS supports an initial trial of 3 to 4 psychotherapy visits over 2 weeks. Given the claimants current symptoms and diagnosis of trial of cognitive behavioral therapy is appropriate. Recommended partial certification of cognitive behavioral therapy sessions (1x4). Authorization for additional treatment will be determined based on response during the treatment trial in medical necessity care." This IMR will address a request to overturn the decision. The MTUS guidelines and the official disability guidelines both indicate the proper treatment protocol with regards to cognitive behavioral therapy consists of an initial treatment trial consisting of 3-4 sessions (MTUS) and 4-6 sessions (official disability guidelines). All of the provided medical records were carefully reviewed and is best as could be determined it does not appear that the patient has yet received for started psychological treatment. The request for 12 sessions of cognitive

behavioral therapy does not follow this recommended treatment protocol. Utilization review did determine that the treatment is necessary and medically appropriate but modified the request to allow for 4 sessions. It is noted that with documentation of objectively measured functional improvement as a result of the treatment trial additional sessions can be offered per official disability guidelines 13-20 sessions total maximum. Because the request for 12 sessions does not follow, the correct treatment protocol per MTUS/ODG the medical necessity the request is not evidence based on this. Therefore, the utilization review determination is upheld.

**Biofeedback sessions one times 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Page(s): 24-25.

**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: A request was made for Biofeedback 6 sessions; the request was non-certified by utilization review which offered a partial modification to allow for 4 sessions with the following rationale provided: "although this treatment is determined to be medically necessary this time the relatedness of this condition to the industrial injury is not been determined." This IMR will address a request to overturn the decision. According to the MTUS guidelines for biofeedback treatment brief treatment trial of 3-4 sessions is necessary in order to establish patient response to treatment and with additional documentation of patient benefited including objectively measured functional improvement, additional sessions can be offered up to a maximum of 10 sessions. Because this request exceeds the treatment guidelines for an initial treatment, protocol the medical necessity of the request is not established per MTUS. Therefore, the utilization determination is upheld.