

<b>Case Number:</b>	CM15-0092803		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	09/15/1999
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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 61 year old male, who sustained an industrial injury on September 15, 1999, secondary to repetitive work trauma. He was diagnosed with cervical and lumbar discopathy, cervicgia, cubital tunnel syndrome and internal derangement of bilateral knees. He underwent bilateral carpal tunnel release. Treatment included pain management, topical analgesics and patches, and home exercise program. Currently, the injured worker complained of persistent neck and back pain and constant pain in the cervical spine that's aggravated by repetitive motions. The pain radiates down both sides of the neck and into the upper extremities to the hands with tingling and numbness. The treatment plan that was requested for authorization included trial cognitive behavior psychotherapy sessions and trial biofeedback sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial Cognitive Behavior Psychotherapy sessions (x6) or more as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Biofeedback. Decision based on Non-MTUS Citation ODG Psychotherapy Guidelines.

**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 Page(s): 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:** 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 trial cognitive behavioral psychotherapy sessions (6) or more as needed. The request was non-certified by utilization review which provided the following rationale: "the medical reports do not clearly establish objective and measured functional gains, improvements with activities of daily living, or discussions regarding returned to work as a result of previous therapy. In addition, the number of visits completed to date was not readily identified. There is no clear description of education with respect to compliance, or failure of an independent program to address the residual deficits. While the current progress report states that the patient has deteriorated, these requests cannot be approved based on the available report for the above reasons." This IMR will address a request to overturn that 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 session including objectively measured functional improvement. All of the provided medical records were considered for this IMR. Although it was noted in the utilization review determination that the patient has been receiving prior cognitive behavioral therapy, there were no treatment progress notes provided whatsoever with regards to past psychological treatment. Because of this there is no documentation of how many sessions the patient has received to date, nor is there any indication of objectively measured functional improvement and gains as a result of prior

psychological treatment. In general there is insufficient documentation to support this request and to establish the medical appropriateness and necessity of it. This is not to say that the patient does or does not need psychological treatment only that the medical necessity of this request was not established due to limited documentation. No documentation regarding the patient's prior psychological treatment including biofeedback was provided for consideration. There is an indication that he has received prior psychological treatment in the form of biofeedback however no medical records were provided with regards to his prior treatment sessions. It was not possible to determine how many sessions the patient has already received a biofeedback in what objectively measured gains, if any, were derived from that prior treatment and when it occurred. In addition, the request has an open ended component to it is written as "trial Cognitive behavioral psychotherapy sessions times 6 OR MORE AS NEEDED." Open ended requests for psychological treatment are the equivalent of unlimited authorizations and do not conform with MTUS/ODG guidelines. Because of insufficient documentation the request is not medically necessary and therefore the utilization review determination for non-certification is upheld. For this reason the utilization review determination for non-certification is upheld.

**Trial Biofeedback sessions (x 6) or more as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Biofeedback. Decision based on Non-MTUS Citation ODG Psychotherapy Guideline.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Pages 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. No documentation regarding the patient's prior psychological treatment including biofeedback was provided for consideration. There is an indication that he has received prior psychological treatment in the form of biofeedback however no medical records were provided with regards to his prior treatment sessions. It was not possible to determine how many sessions the patient has already received a biofeedback in what objectively measured gains, if any, were derived from that prior treatment and when it occurred. In addition, the request has an open ended component to it is written as "trial biofeedback sessions times 6 or more as needed." Open ended requests for psychological treatment are the equivalent of unlimited authorizations and do not conform with MTUS/ODG guidelines. Because of insufficient documentation the request is not medically necessary and therefore the utilization review determination for non-certification is upheld.

