

Case Number:	CM13-0021274		
Date Assigned:	11/15/2013	Date of Injury:	11/02/2009
Decision Date:	02/03/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/06/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 50 year-old male (██████████) with a date of injury of 11/2/09. According to medical reports, the claimant injured his back when he fell while working for ██████████. In the visit note dated 7/25/13, ██████████ diagnosed the claimant with: (1) Lumbar Disc Displacement without Myelopathy; (2) Pain in Joint lower leg; and (3) Pain Psychogenic NEC. Additionally, in his supplemental psychological report, dated 5/1/13, ██████████ diagnosed the claimant with: (1) Pain Disorder due to a General Medical Condition; (2) Somatization disorder; (3) Major Depressive Disorder; and (4) Anxiety Disorder, NOS. The claimant's psychiatric diagnoses are the diagnoses most relevant for this review. The claimant has received both medical and psychological treatments since his injury including chiropractic, medication management, psychotherapy, and biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six individual psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive

Behavioral Therapy (CBT) guidelines for chronic pain Official Disability Guidelines (ODG)
Mental Illness and Stress Chapter ODG Psychotherapy Guidelines

Decision rationale: Based on the review of the medical records, the claimant has completed a total of 18 psychotherapy sessions since January 2013. Given the claimant's diagnosis of both a pain disorder and major depressive disorder, both the CA MTUS and the ODG were used as guidelines for this case. According to the CA MTUS regarding the behavioral treatment of pain, it is suggested that an "initial trial of 3-4 visits over 2 weeks" be completed and "with evidence of objective functional improvement, total of 6-10 visits over 5-6 weeks (individual sessions)" may be needed. Additionally, the ODG discussed the cognitive treatment of depression and recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be needed. Based on both guidelines cited, the claimant has already exceeded the total number of sessions suggested for both the treatment of pain and the treatment of depression. As a result, the request for an additional "6 individual psychotherapy sessions" exceeds the recommendations and therefore, is not medically necessary.

Six Biofeedback sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: 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. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. As with yoga, since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, we recommend approval only when requested by such a patient, but not adoption for use by any patient. EMG biofeedback may be used as part of a behavioral treatment program, with the assumption that the ability to reduce muscle tension will be improved through feedback of data regarding degree of muscle tension to the subject. The potential benefits of biofeedback include pain reduction because the patient may gain a feeling that he is in control and pain is a manageable symptom. Biofeedback techniques are likely to use surface EMG feedback so the patient learns to control the degree of muscle contraction. The available evidence does not clearly show whether biofeedback's effects exceed nonspecific placebo effects. It is also unclear whether biofeedback adds to the effectiveness of relaxation training alone. The application of biofeedback to patients with CRPS is not well researched. However, based on CRPS symptomology, temperature or skin conductance feedback modalities may be of particular interest. (Keefe, 1981) (Nouwen, 1983) (Bush, 1985) (Croce, 1986) (Stuckey, 1986) (Asfour, 1990) (Altmaier, 1992) (Flor, 1993) (Newton-John, 1995) (Spence, 1995) (Vlaeyen, 1995) (NIH-JAMA, 1996) (van Tulder, 1997) (Buckelew, 1998) (Hasenbring, 1999) (Dursun, 2001) (van Santen, 2002) (Astin, 2002) (State,

2002) (BlueCross BlueShield, 2004) This recent report on 11 chronic whiplash patients found that, after 4 weeks of myofeedback training, there was a trend for decreased disability in 36% of the patients. The authors recommended a randomized-controlled trial to further explore the effects of myofeedback training. (Voerman, 2006). See also Cognitive behavioral therapy (Psychological treatment). ODG biofeedback therapy guidelines: Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: - 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) - Patients may continue biofeedback exercises at home The Physician Reviewer's decision rat

Two physician/team case conferences: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Official Disability Guidelines (ODG) Mental Illness and Stress Chapter ODG Psychotherapy Guidelines

Decision rationale: There are no guidelines that specifically address the use of physician/team conferences in the treatment of pain or depression. In most cases, treatment case conferences are a part of the overall treatment of a patient and therefore, are not to be separated out. Instead, they are to be integrated into the ongoing treatment. As a result, the CA MTUS and ODG will be used regarding the cognitive treatment for both pain and depression. Based on the review of the medical records, the sessions already completed by the claimant exceeds the recommended total number of sessions set forth by both the CA MTUS and ODG. As a result, additional sessions are not warranted. Without additional sessions, physician/team case conferences are not warranted as well. As a result, the request for "2 physician/team case conferences" is not medically necessary.

Two psychiatric reports: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: There are no treatment guidelines that specifically address "psychiatric reports". As a result, the CA MTUS guidelines regarding psychological evaluations will be used for this case. Given that the psychiatric reports being requested involve the administration of psychological tests and their subsequent write-up / report, this guideline will suffice. According

the CA MTUS, psychological evaluations are generally recommended. However, they are typically recommended as an initial beginning of treatment in order to "distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation." There have already been at least 4 evaluations and subsequent psychiatric reports completed on the claimant while receiving treatment. Based on the review of the medical records, an additional "2 psychiatric reports" appears excessive and not required. As a result, the request for "2 psychiatric reports" is not medically necessary.