

Case Number:	CM13-0033122		
Date Assigned:	03/17/2014	Date of Injury:	05/10/2012
Decision Date:	10/09/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/09/2013

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. The expert reviewer is Board Certified 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 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/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:

According to the records as they were provided for this IMR, this 59-year-old female patient reported and industrial/occupational injury that occurred on May 10, 2012 that occurred during his usual and customary work duties for [REDACTED]. On the date of injury the patient was working as a Service Manager II and bent over to pick up a dropped file and when she stood-up and hit her head on a vault handle. There was no loss of consciousness and first aid including ice and aspirin were provided she reports having since the injury daily headaches and pain in her neck, cervical region, and left trapezius. She has been diagnosed with: Cervical Spondylosis without Myelopathy; Sprains and Strains of the Neck, Cervical Cranial Syndrome; Depression; Adjustment Disorder with Depressed Mood; and Post-concussion Syndrome. The psychological evaluation from October 2013 reflects updated psychological diagnosis: pain disorder associated with both a general medical factor; Major Depressive Disorder, Current, Present Episode Moderate; and Anxiety Disorder Not Otherwise Specified. The pain is described as stabbing and throbbing with tension and aching in the cervical region. Additional symptoms include low back pain fatigue joint stiffness anxiety and blurry vision upon rising. Psychologically she reports crying, anxiety, concentration difficulties, depression, and loneliness. She reports increased walking in improved sleep and better managing of low moods by pushing herself to be more active. In September 2013 she reported continued depression with respect to having ongoing pain and feelings that her future is hopeless. Her history of prior psychological treatment is unclear, but progress notes dating back to at least January 2013 for individual psychotherapy and biofeedback were evidenced. A request was made for four sessions of psychotherapy and four sessions of biofeedback and both were denied. The utilization review rationale for non-certification was stated as: treatment goals and objectives are vague and specific symptoms not targeted; in addition that there has been some increase in depression and

hence mixed evidence about her deriving benefit from prior cognitive behavioral therapy sessions. This IMR will address a request to overturn those decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 SESSIONS OF PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: According to the MTUS treatment guidelines for cognitive behavioral therapy patients should be offered an initial treatment block of 3 to 4 sessions and if they respond to that initial treatment block with objective functional improvement additional sessions up to a maximum of 13-20 sessions (official disability guidelines) can be offered. The total number of sessions at the patient is already been provided with to date appears to exceed the recommended guidelines. Because the total number of sessions that were provided has not been stated with regards to this request it is impossible to say for certain whether that is accurate, however because treatment appears to have initiated at least in early 2013 it seems likely that this is the case. However there were no treatment notes for 2014 whatsoever and it is an entirely unclear whether or not she has had 2014. I carefully reviewed the medical chart and I found very good detailed and specific progress notes with respect to her treatment that she has received that included evidence of objective functional improvements that were derived from the psychological treatment. In addition there is ongoing psychological symptomology. I disagree with some of the utilization review rationale as I think that she has been making progress in her prior treatment episodes. The only issue here that I can see that would prevent authorizing more treatment is the total amount of treatment that she's already had because it appears that she has exceeded the maximum amount I am unable to authorize additional sessions. If the patient has not had 20 sessions it would be reasonable to offer her the full amount. However, the independent medical review process is not able to authorize modifications and because there was no documentation that would substantiate that she has not had at least 20 over the past nearly 2 years (at least). Since treatment may have begun the request is not medically necessary.

4 SESSIONS OF BIOFEEDBACK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS biofeedback is not recommended as a standalone treatment, but is recommended as option in cognitive behavioral therapy program to facilitate exercise therapy and returned activity but that there is insufficient evidence to demonstrate the effectiveness of biofeedback for the treatment of chronic pain. The guidelines state that a clinician may possibly consider biofeedback referral conjunction cognitive behavioral therapy at performance. An initial trial of 3 to 4 sessions should be provided with evidence of objective functional improvement a total of 6 to 10 visits over a 5 to 6 weeks individual sessions may be offered and that after this that additional biofeedback exercises can be at home. As was stated above, it appears that the patient has had well over the number of maximum sessions which in this case is 10 sessions. Because the request exceeds maximum recommended guidelines and there is no documentation of the precise number of sessions at the patient is already completed additional sessions cannot be offered at this time. This independent review recognizes that the patient does continue to remain psychologically symptomatic. The additional therapy (both biofeedback and cognitive behavioral therapy) is based on the fact that the patient most likely has already exceeded the maximum amount that can be provided to the patient. Therefore, the request is not medically necessary.