

Case Number:	CM13-0066986		
Date Assigned:	01/03/2014	Date of Injury:	09/10/2010
Decision Date:	07/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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 licensed in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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 provided for this independent medical review, this patient is a 56 year old female who reported an industrial/occupational work-related injury on 9/10/2010 when during the course of her usual and customary work duties she was hit hard by a door and suffered injury to her hand, wrist, and arm. Medical tests revealed a torn ligament and tear between the ulnar and radius with significant nerve damage. The pain causes difficulty with sleep and anxiety as well as difficult using the impacted limb. There are ongoing workplace difficulties and allegations of a hostile work environment. The patient has been diagnosed with adjustment disorder with mixed anxiety and depression, insomnia and psychological factors affecting a physical condition. This diagnoses was subsequently changed to Major Depressive Disorder, single episode, moderate. A request for individual psychotherapy 20 sessions was made and non-certified; an additional request for 10 sessions of biofeedback training was also made and non-certified. This independent medical review a request to overturn both of these non-certifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy; 20 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: behavioral Interventions, cognitive behavioral therapy Page(s): 23-24.

Decision rationale: The patient was authorized for six sessions of psychotherapy as an initial trial to determine her response to the treatment. It does not appear as best as I can determine from the records provided that these ever took place. This current non-certification decision was for a request for 20 sessions. The utilization review reasons for the non-certification decision was states as based on the fact that there was no documentation of the results of the initial 6 sessions provided and no treatment notes whatsoever from those sessions were included for the review therefore due to a lack of supporting information the finding was non-certification. A note from January 2014 states clearly that she has not had any psychological treatment other than 4 biofeedback sessions. The medical notes also indicate that she continues to remain depressed and anxious and having persistent pain physical pain and is in a stressful/hostile work environment that has resulted in difficulty with sleeping and interferes with some activities of her daily living; creating an irritable, angry, and socially isolated psychological status. She also reports headache on the right side of her head that often starts in the back off the neck and she reports that it is related to her employment. There is also nausea, GI distress and crying spells. She continues to work as a licensed vocational nurse in geriatrics to the best of her abilities despite the injury. She is status post hand surgery July 2011. Based on this information, my impression is that psychological treatment appears to be medical necessary, however the remaining issue involves protocol and session quantity. The utilization review non-certification of 20 sessions of individual psychotherapy was correctly modified for a block of six sessions of psychotherapy. According to the MTUS guidelines for psychotherapy 6 sessions is a reasonable and recommended initial treatment and that additional sessions, up to a maximum of 13-20 can be provided if the patient's response demonstrates objective functional improvement and progress that was derived from the initial 6 sessions. The request for 20 sessions at the outset of treatment is not in accordance with the MTUS guidelines for procedures and protocols: it is essentially authorizing the maximum and entire block of treatment sessions at the outset without any respect to the need for an initial trial to determine if the patient is responsive, or not, and demonstrating objective functional improvements. The request is not medically necessary.

Biofeedback training, 10 sessions: Upheld

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

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

Decision rationale: With respect to the request for biofeedback sessions, as was mentioned above an in initial block of 3-4 sessions must be completed with outcome and results demonstrating patient benefit. It does appear that the patient has received 4 sessions of biofeedback so far, but the outcome was not included in the paperwork provided for this independent medical. But even if the results had been provided, this request for 10 additional sessions would bring the total to 14, thus exceeding the guidelines by 4 sessions. The guidelines do state that biofeedback can be recommended as an adjunctive treatment with the biofeedback

being provided within the context of a larger cognitive behavioral therapy program but not as a stand-alone treatment modality. In those cases it is stated that a maximum of 6-10 total sessions may be provided and after the patient should continue to practice biofeedback techniques at home. Because authorizing an additional 10 sessions would bring the maximum total to 14 sessions, exceeding the maximum allowed, the request to authorize is not within the treatment guidelines and therefore cannot be approved. It should be noted that neither this decision or the one above with respect to psychotherapy are a reflection of whether, or not this patient does or does not need treatment; it is simply a matter of not following proper protocols with respect to the request of treatment in a manner in which they can be approved. A request for six sessions of psychotherapy and six sessions of biofeedback would be a reasonable place to start with this patient as opposed to 20 sessions of psychotherapy 10 sessions of biofeedback both of which reflect the maximum allowed. Therefore the request to overturn the non-certification of 10 sessions of biofeedback is not medically necessary.