MAXIMUS Federal Services

Case Number:	CM14-0009344		
Date Assigned:	02/12/2014	Date of Injury:	09/09/2010
Decision Date:	06/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/24/2014

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:

Based on the records provided for this independent medical review, this patient is a 51 year old male who reported an industrial/occupational work-related injury on 9/9/2010 when he was walking with a camp registered nurse (RN) and slipped on rock, fell, and his head on a wooden structure. An injury to his neck resulted and there was need for a subsequent cervical fusion. The patient has chronic pain and is on multiple pain medications including opiates and has had a recent recommendation for psychological treatment. The patient is complaining of neck pain, right shoulder pain radiating to the right upper extremity, patient is s/p right shoulder arthroscopy and cervical fusion with hardware and has radiating pain. He is having a very difficult time with holding objects in his right arm and the times will drop items such as milk or a jar of jelly for example. The neck pain is worse than his right shoulder pain. There are additional medical diagnoses including carpal tunnel syndrome and headache. As a result of his chronic pain he is having massive stress and panic attacks; he feels intimidated and frightened to be out on the street, there are times when he is scared to walk around at night because he feels unable to protect himself and his is greatly disturbed. He has panic attacks and reports that he feels as if he is dying all the time. He is taking Wellbutrin as well. The patient has the following psychological diagnosis: Major Depressive Disorder, single episode, severe; Panic disorder with possible Agoraphobia; and Pain Disorder associated with both psychological factors and a general medical condition; Axis II diagnosis deferred with some possible paranoid features. A request of cognitive behavioral therapy for 12 sessions was non-certified, however a modification was offered for an initial trial of 6 visits of cognitive behavioral therapy and this was approved. A second request for six sessions of biofeedback therapy was also made and non-certified with a modification for four sessions of biofeedback authorized This IMR will address a request to overturn both of these decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY X 12 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PART TWO, BEHAVIORAL INTERVENTIONS, COGNITIVE BAHAVIORAL THERAPY, 23

Decision rationale: According to the MTUS treatment guidelines for cognitive behavioral therapy an initial block of four to six sessions should be provided for appropriately screened patients. This initial block should be completed and if there is measured objective functional improvement as a result of the initial block of sessions then additional treatment can then be authorized up to a maximum of 13 to 20 sessions for most patients. Cases of severe psychopathology can be offered additional sessions if progress is being made (ODG Mental/ Stress guidelines (June/2014). This treatment request for 12 sessions of cognitive behavioral therapy was correctly modified to six sessions as an initial trial; it will be incumbent upon the treating provider at that juncture to provide a detailed description of the patient's response to the treatment in order to authorize the additional 6 non-certified sessions, if progress is being made. A request for 12 sessions at the outset bypassed the protocol, Therefore, the non-certification of this request was appropriate, and the request to overturn it is not medically necessary.

BIOFEEDBACK X 6 SESSIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Psychotherapy Guidelines, Biofeedback Therapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PART TWO, BEHAVIORAL INTERVENTIONS, COGNITIVE BAHAVIORAL THERAPY, 24-25

Decision rationale: A request for six sessions of biofeedback therapy was also made and non-certified with a modification for four sessions of biofeedback authorized. According to the MTUS guidelines, biofeedback is not recommended as a stand-alone treatment but is recommended as an option in cognitive behavioral therapy programs. No rational was given for the proposed modification of 4 sessions certified and 2 non-certified sessions. Because six sessions of cognitive behavioral therapy was certified as a modification from the requested 12 sessions, it is appropriate to allow a corresponding 6 sessions of biofeedback as a part of his CBT

program. Again, additional sessions will be contingent on documented objective functional improvements. The request for overturning the non-certification is medically necessary.