MAXIMUS Federal Services

Case Number:	CM14-0107030		
Date Assigned:	08/01/2014	Date of Injury:	07/10/2013
Decision Date:	10/23/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	07/10/2014

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 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 that were provided for this independent review, this patient is a 53 years and 11 months old male patient who reported an occupational injury that occurred on July 10, 2013. The injury reportedly occurred when the patient slipped and fell, landing on the left side of his back and injured his left leg, elbow, and low back. No further information regarding accident was provided. He reports pain in the left elbow that radiates to his left arm, pain in the low back and toes of the left foot radiating to his left leg. There is pain in the left arm, leg and foot with weakness in the left arm/leg. Pain severity is reported to be moderate in intensity. He has been diagnosed with: Lumbago, enthesopathy of the elbow, and insomnia. The remainder of this IMR will focus on symptoms related to his psyche. A psychological evaluation was conducted in January 2014 it reported emotional distress and symptoms as the result of his physical work injuries. At the time he had not received any mental health treatments for this injury. He reports feelings of sadness, fatigue, low self-esteem, apathy, hopelessness, loss of pleasure in participating in usual activities, social avoidance, lack of motivation, low libido, sleep disturbance, appetite changes, feelings of emptiness, crying episodes but denied suicidal ideation. He reported the following cognitive problems stemming from his work injury: decreased concentration, mental fatigue, difficulty reading, easily distracted, difficulty focusing, and short-term memory lapses. The injured worker reports that he had very good working memory before the injury, however, now forgets things like his children's date of birth. He also reports social isolation and that he is avoiding interacting with families and friends. He has been diagnosed psychologically with the following disorders: major depression, single episode, moderate severity; anxiety disorder not otherwise specified; sleep disorder due to a medical condition; and pain disorder. Treatment recommendations are include psychopharmacological intervention and medication management ; cognitive behavioral psychotherapy treatment for

depression; psycho-educational protocol to help with stress inoculation, pain management; coping with loss of functional capacity and cognitive therapy exercises; 8-12 biofeedback training sessions; and referral to sleep clinic. A treatment update monthly summary was provided March 2014 from his treating psychologist that reiterated most of what was in the original report stated above. He was noted to be in a highly emotionally upset state for most of the interview and reported that when has strong pain he cannot concentrate. He stated his mind tires easily and that he refrains from starting projects as a result. He also attributes his memory difficulties to his pain condition and stated "when my pain is strong I cannot remember things like addresses and phone numbers." He discussed increased dependency upon prescription medicines resulting in the sleepiness. He is taking several opiate-based medications for pain. A similar treatment progress report from April 2014 noted little to no improvement and perhaps some deterioration in his psychological condition. In this progress note the request for the neuropsychological assessment was made to "establish a baseline and determine the extent of his brain injury has impacted his cognitive skills. An assessment of this type can establish a baseline of his pre-injury cognition and make a determination of how extensive, if any, his deficits are due to his head injury a neuropsychological assessment will also be instrumental in remediation and accommodation interventions."

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological assessment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC, Chapter Head, Topic: Neuropsycological Testing, Nov. 18, 2013 update

Decision rationale: The CA-MTUS is non-specific for Neuropsychological Testing; however, the issue is addressed by the Official Disability Guidelines (ODG) which states: "recommended for severe traumatic brain injury, and less symptoms persist beyond 30 days. For concussion/mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. In this case, there is no diagnosis of severe traumatic brain injury. The medical diagnoses that were provided do not reflect a head injury nor do they reflect concussion, post-concussion syndrome or other brain/head trauma. A single narrative that described the patient's injury was brief and not detailed; it referenced other medical records that were not provided for this IMR. Nothing in the narrative mentioned a head trauma or head injury. The extensive psychological evaluation that was conducted did not mention any head injury or brain trauma. In several progress notes from his treating psychologist the patient's cognitive difficulties are attributed to his pain problem and medication with direct quotes from the patient that connect his cognitive struggles to his pain. The medical necessity of neuropsychological evaluation is not been substantiated by the records provided and there was

no record of the patient having experienced any head trauma and for the reasons stated above. As such, this request is not medically necessary.

Biofeedback: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the MTUS treatment guidelines for biofeedback, "the procedure is not recommended as a standalone treatment, but is recommended as an option in a cognitive behavioral therapy program (CBT) to facilitate exercise therapy and returned activity. There is fairly good evidence that biofeedback helps back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for the treatment of chronic pain. Biofeedback may be approved if facilitates entry into a cognitive behavioral therapy treatment program where there is strong evidence of success. Since outcomes for biofeedback are very dependent on the highly motivated self-disciplined patient, the recommend approval only when requested by such a patient and not adoption for use by any patient." Official Disability Guidelines (ODG) biofeedback therapy guidelines specify that patients should be screened for risk factors for delayed recovery and for motivation to comply with the treatment regime that requires self-discipline. Initial trial of 3 to 4 visits over two weeks can be followed by a total of up to 6-10 visits over a 5 to 6 week period of individual sessions if there is evidence of objective functional improvement with the initial treatment trial. After 10 sessions, biofeedback exercises can be practiced by the patient at home independently. Based on the records provided, this patient does not meet the criteria for biofeedback therapy. There is no indication that the patient is a "highly motivated self-disciplined patient for this procedure, nor is there evidence that the patient requested it. Although three months of psychological treatment notes (summary only) if prior biofeedback treatment sessions were provided there was no specific biometric data that was given that reflected the patient's progress in the sessions. There was no indication of the patient making objective functional improvements in prior biofeedback sessions and psychological symptomology appears to be worsening due to increased pain and subsequent increased pain medication use. It is not clear if there was an initial treatment trial of 3-4 sessions as is recommended. The quantity of sessions requested for biofeedback was unspecified on the application for this independent review. All requests for psychological treatment must contain a specific quantity. As such, this request is not medically necessary. After 10 sessions, biofeedback exercises can be practiced by the patient at home independently. Based on the records provided, this patient does not meet the criteria for biofeedback therapy. There is no indication that the patient is a "highly motivated self-disciplined patient for this procedure, nor is there evidence that the patient requested it. Although three months of psychological treatment notes (summary only) if prior biofeedback treatment sessions were provided there was no specific biometric data that was given that reflected the patient's progress in the sessions. There was no indication of the patient making objective functional improvements in prior biofeedback sessions and psychological symptomology appears to be worsening due to increased pain and subsequent increased pain medication use. It is not clear if there was an initial treatment trial of 3-4 sessions as is recommended. The quantity of sessions requested for biofeedback was unspecified on the application for this independent review. All requests for psychological treatment must contain a specific quantity. As such, this request is not medically necessary.