

Case Number:	CM14-0107814		
Date Assigned:	08/01/2014	Date of Injury:	07/11/2008
Decision Date:	09/12/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/11/2014

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 a licensed Psychologist, 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 61-year-old male who reported an industrial/occupational injury on July 11, 2008. There is a second date of injury of October 3, 2007. The injury reportedly occurred during his work duties as a heavy duty mechanic for the [REDACTED], but the mechanism of injury was not detailed in the medical records that were provided for this review. The patient reports intermittent right knee pain, constant neck pain radiating downward to the bilateral shoulders, constant low back pain, constant upper back pain, constant bilateral wrist pain with numbness and tingling, constant headache, constant ringing in the left ear, blurriness in the left eye, sleeplessness, anxiety, and depression. There is a note that he has flashbacks especially when driving. Medically, he has been diagnosed with: cervical/thoracic/lumbar spine sprain/strain; cervical radiculopathy; bilateral carpal tunnel syndrome; and lumbar spine radiculitis. A progress note from his primary treating physician dated March 6, 2014 states that the patient requested psychiatric treatment and reports depression, anxiety, flashbacks especially when driving. Progresses note from his primary treating physician dated May 29, 2014 states that the patient is reporting that he feels anxiety and depression. A treatment note from June 2014 from his primary treating psychologist titled request for authorization for further treatment that due to the post traumatic anxiety symptoms from the motor vehicle accident that occurred during work is causing intrusive recollections and hypervigilance due to the post-concussive reaction with headache, ringing in the ears, and nerve damage related to hearing loss in his right ear from a clock falling on his head and the motor vehicle accident. The note goes on to discuss his physical pain condition, and that in June 2014 he presented to the office requesting a writ restarting of psychotherapy because his symptoms

have gotten worse since treatment was discontinued four months prior. The note describes that the patient had prior biofeedback and cognitive behavioral therapy with improvements noted in his level of anxiety, depression, and sleep disturbance as well as multiple stress-related medical complaints. With the termination of treatment there was an increase in these areas as well as a decrease in functioning socially. A request for the following treatments was made:

Psychotherapy Cognitive Behavioral Therapy trial six sessions over three-month (QTY 6), and Psychotherapy Biofeedback six sessions over three months (QTY 6). Both requests were not approved; the utilization review rationale for non-certification was that the patient has had previous cognitive behavioral therapy treatment programs, that there was no evidence presented of the patient returning to work or showing improved functional capacity as a result of these prior sessions and that because the cognitive behavioral therapy was not approved the biofeedback treatment also was not approved. This independent review will address a request overturned that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy cognitive behavioral therapy trial of six sessions over three months Qty: 6:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), "Mental Illness & Stress", Cognitive therapy for depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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: Psychotherapy Guidelines, Cognitive Behavioral Therapy, June 2014 Update.

Decision rationale: I conducted a thorough and comprehensive consideration of the medical records as they were provided to me for this independent review. The request to overturn the non-certification of six sessions of psychotherapy cannot be approved due to insufficient information being provided. It is clear that the patient has had prior psychological treatment, apparently by the same treating psychologist who made this request, and although there was some information that was provided with respect to his prior treatment resulting in a decreased level of symptomology, the information was too minimal and insufficient with respect to demonstrating objective functional improvement. Most importantly, there was no information provided with respect to how many treatment sessions the patient has completed to date. This information is essential in making a determination whether or not he can have additional treatment sessions. Furthermore the injury occurred over six years ago and there was no information with regards to prior psychological treatment episodes that occurred in the years that followed immediately from his accident. There was no documentation of the nature of his injury; there was no documentation of the patient's diagnosis. Additional treatment sessions beyond what is recommended by the MTUS guidelines has to be substantiated not only by continued symptomology but most importantly objective functional improvement. The official disability

guidelines state that patients may have 13 to 20 visits of psychotherapy treatment if progress is being made. Without knowing how many sessions the patient has already had I cannot tell whether or not he has exceeded this amount, however it appears very likely that he has. I did not find any treatment summaries from his prior treatment or any specific session notes, other than a brief discussion that was provided in the letter requesting a reconsideration of this decision. Therefore the finding of this independent review is that the medical necessity of continued treatment is not established due to insufficient documentation with respect to his prior treatments. Therefore, the request is not medically necessary.

Psychotherapy biofeedback for six sessions over three months Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, biofeedback guidelines Page(s): 24.

Decision rationale: According to the MTUS guidelines for biofeedback the treatment modality is not recommended as a standalone treatment, but is recommended as an option within the context of a cognitive behavioral therapy program to facilitate exercise therapy and returned activity. That there is fairly good evidence that biofeedback helps in back muscle strengthening but evidence for effectiveness in the treatment of chronic pain is insufficient. Because biofeedback is not recommended as a standalone treatment, and because the continuation of cognitive behavioral therapy treatment is not approved, the biofeedback training would also not be approved. In addition prior biofeedback sessions that the patient has already received were not documented in terms of outcome, quantity, and specific quantitative data that demonstrated the patient's response. I did not see any progress notes from particular individual sessions that were provided for this review. Without knowing the total number of biofeedback sessions at the patient has already had and the specific outcomes that were derived from the treatment it is not possible to establish medical necessity for more sessions at this time. Therefore, the request is not medically necessary.