

Case Number:	CM14-0011679		
Date Assigned:	06/11/2014	Date of Injury:	06/20/2012
Decision Date:	11/07/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/29/2014

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 49-year-old male who reported an industrial accident that occurred on June 20, 2012 during his work as a gardener for the company [REDACTED]. On that date, the patient indicated that he was using a blower mounted on his back that weighed approximately 20 pounds as he bent down to pick up some weeds he felt sudden pain in his back. He continued to work but notified his supervisor and the next he was unable to continue working and was taken to the hospital and later followed up with a Worker's Compensation doctor. He has been diagnosed with the following: lumbar degenerative disc disease with facet arthropathy, worst at L5-S1, and Lumbar musculoligamentous sprain/strain. This IMR will focus on his mental health issues as they relate to the current treatment request for additional psychological therapy. A "special report for further cognitive behavioral therapy" from October 2013 was included in the medical records. According to this note, the patient has been receiving cognitive behavioral therapy and stress reduction biofeedback. These treatment modalities have been used towards: "the relief not only of anxiety, depression, and sleep dysregulation but also the reduction of multiple stress related medical complaints." The note continues by stating that the "patient has reported improvements in social functioning, better communication and interactions with others, reduced stress and frustration, less defensive, suspicious, and short temper. The therapy has improved his stress, tension and insomnia." There are "improvements in daily activities such as shaving and working around the house with fewer nightmares. There are improvements in the ability to concentrate and read a newspaper because of reduced tension. There is improvement in energy level and interactions with. He remained symptomatic psychologically an additional treatment is needed for depression, anxiety, and insomnia. The treatment has reduced his tension and depression. He has lingering symptoms of panic with sweating and shortness of breath. "Without further

treatment, all of the progress would be undone." According to an initial psychological report from June 2013 the patient has been diagnosed with the following: "psychological/psychiatric disorders: Depressive Disorder Not Otherwise Specified with Anxiety. Additional psychological problems were mentioned such as: "stress intensified headaches, neck, shoulder, back, and muscle tension and pain, shortness of breath, peptic acid reaction, impossible stress aggravated (sic) high blood pressure, and thyroid problems." The current request was made for "urgent psychotherapy one time a week for 13 weeks" a second request was also made for 4 biofeedback sessions over the next three months."

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT COGNITIVE BEHAVIORAL PSYCHOTHERAPY 1 X WEEK X 13 WEEKS: 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 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, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. After an initial treatment trial of 3-4 sessions, guidance for additional sessions recommends a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines allow somewhat more of an extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some extremely complex and severe cases of Major Depression and/or PTSD up to 50 sessions if progress is being made. With respect to this patient's treatment, the psychological progress notes that were submitted were insufficient in demonstrating the medical necessity of additional treatment sessions. The request for 13 sessions is at the lower end of the maximum recommended quantity of sessions mentioned by the official disability guidelines. In avoid exceeding the upper maximum of 20 he would've had to have had only seven prior sessions in a time. It appears to have spanned from June 2013 through October 2013. There was no information with regards to how many sessions the patient has already completed. This information is required in order to determine if he has exceeded the above stated guidelines. It does seem likely that he had at least seven sessions and that this request would result in his exceeded the above stated guidelines. Also there was mention of improvements as a result of prior therapy, some examples were given that included improved household functioning, self-care such as grooming, and decreased levels of psychological symptomology of depression and anxiety. But on the whole, key aspects of objective functional improvements were not evidenced. But there was no evidence of reductions in work restrictions or return to work, or a reduction in dependency on future medical care. Although he appears to have made some progress, it is unclear if additional treatment would result in further benefit.

Without more specific information the medical necessity of additional sessions could not be established. Therefore, this request is not medically necessary.

4 BIOFEEDBACK SESSIONS FOR NEXT 3 MONTHS: 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 Behavioral Interventions, Biofeedback Page(s): 24-25.

Decision rationale: According to the MTUS treatment guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within the cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. Official disability guidelines state that biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered an initial trial of 3 to 4 psychotherapy visits over two weeks can be tried and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered and that afterwards the patients may continue biofeedback exercises at home independently. There was no treatment records provided whatsoever with regards to his past biofeedback sessions. There were no biometric measures before and after treatment nor was there any indication of what treatment modalities in biofeedback were being used (for example GSR, EMG, or temperature training). There was no information about the patient's response to his biofeedback treatment. It is unclear if he was being taught to use the biofeedback exercises independently at home and if so was he successful in doing so. Individual session data was not provided with respect to biometric information. This is particularly important in biofeedback be able to assess what the sessions are consisting of and results that are being achieved. Due to lack of information supporting the request for additional sessions, including prior quantity of sessions provided, it is not possible to determine if 4 additional sessions would fall within the recommended guidelines of 6 to 10 maximum over a 5 to 6 week period. Because the medical necessity of additional treatment sessions has not been established this request is not medically necessary.