MAXIMUS Federal Services

Case Number:	CM14-0019271		
Date Assigned:	04/21/2014	Date of Injury:	11/16/2007
Decision Date:	07/02/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/14/2014

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 Board Certified in Psychiatry & Neurology, Addiction Medicine, has a subspecialty in Geriatric Psychiatry and is licensed to practice in California and Texas. 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:

The injured worker is a 59 year old female with the diagnosis of depression not otherwise specified; whose date of injury is 11/16/07. Records reviewed include 119 pages of medical and administrative records. 12/28/11 AME notes that the patient had been back at work since 2009. Her Beck Depression Inventory was in the moderate range, Beck Anxiety Inventory in the slight to moderate range. She was given permanent and stationary status from a psychological standpoint and had also reached maximum medical improvement.Follow up reports of a primary treating physician by [redacted] dated 01/23/13, 05/01/13, 06/26/13, 08/21/13, and 01/08/14. The patient had the diagnosis of thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Medications included Norco and there was mention of benzodiazepine for sleep, however the medication was not specified.06/14/13: Special report on request for further cognitive behavioral therapy by [redacted]: The patient had been receiving CBT with improvements noted in social functioning, anxiety reduction, increased interest in activities of daily living, and decreased sleep disturbance with fewer nightmares.01/13/14: Treating physician's follow up evaluation and report by [redacted] reported that through CBT and biofeedback the patient had improvements in social functioning in that she was better able to interact appropriately with others, was less defensive, mistrustful and suspicious. Reduction in anxiety was evidenced in her fear and twitching, fewer incidents of panic manifested by shortness of breath and feeling that reality is not real. Reduced depression was evidenced by increased interest in activities of daily living. Sleep was improved with the decrease in depression and anxiety with fewer nightmares. Beck Depression=23, Beck Anxiety=25 (both are moderate). 02/04/14: Utilization Review denial made note of [redacted]

findings above. Apparently two messages were left at the office of [redacted] requesting a peer to peer review, both of which went unanswered.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR PSYCHOTHERAPY (CBT); THIRTEEN (13) SESSIONS OVER THE NEXT THREE (3) MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23.

Decision rationale: CA-MTUS behavioral interventions recommends CBT, as the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). This questionnaire was not provided for review. Per CA-MTUS/ODG guidelines, CBT is recommended for an initial trial of 3-4 psychotherapy visits over 2 weeks, followed by a total of up to 6-10 visits over 5-6 weeks (individual sessions). This injured worker has been receiving CBT since at least 06/14/13, the actual total number of sessions is undetermined in the records provided, but it appears to have exceeded ODG guidelines. As of 01/13/14, although [redacted] reported improvement in the patient's depression and anxiety, she continued to show moderate to severe depression (BDI=23) and moderate anxiety (BAI=25) on rating scales. There are no further records provided to show evidence of objective functional improvement to justify certification of this request. Therefore, the request is not medically necessary.

BIOFEEDBACK SESSIONS; FOUR (4) SESSIONS OVER THE NEXT THREE (3) MONTHS: Upheld

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

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

Decision rationale: Per CA-MTUS, biofeedback is recommended as an option in a CBT program to facilitate exercise therapy and return to activity. It may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. Evidence is insufficient to demonstrate the effectiveness for treatment of chronic pain. Approval is recommended only when requested by a highly motivated and self disciplined patient. Per ODG biofeedback therapy guidelines, patients should be screened for risk factors for delayed recovery

and motivation to comply with a treatment regimen requiring self discipline. Consider biofeedback in conjunction with CBT as follows: an initial trial of 3-4 psychotherapy visits over 2 weeks, with evidence of objective functional improvement a total of up to 6-10 visits over 5-6 weeks (individual sessions). Patients may continue biofeedback exercises at home. Records provided for review do not show screening for risk factors for delayed recovery, or motivation to comply with a treatment regimen requiring self discipline. She has been receiving biofeedback for an undetermined period of time and the actual total number of sessions is undetermined in the records provided. As of 01/13/14 although [redacted] reported improvement in depression and anxiety, the patient continued to show moderate to severe depression (BDI=23) and moderate anxiety (BAI=25) on rating scales. There are no further records provided to show evidence of objective functional improvement to justify certification of this request. Therefore, the request is not medically necessary.