

Case Number:	CM14-0116165		
Date Assigned:	08/04/2014	Date of Injury:	07/10/2009
Decision Date:	09/10/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/24/2014

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 a licensed Psychologist and is licensed to practice in 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 53-year-old female who reported an injury on 07/10/2009 due to a fall at work. Diagnostic studies included an MRI of the lumbar spine which was performed on 07/16/2012, an MRI of the cervical spine which was performed on 01/30/2013, and post surgical x-rays. Prior treatments included physical therapy, acupuncture, a home exercise program, a lumbar epidural steroid injection, a cervical epidural steroid injection, and group therapy sessions. The injured worker was diagnosed with C5-6 spondylosis with C4-5 hypermobility and chronic major depressive disorder, moderate. In a psychological report dated 06/2013, the physician noted depressive symptoms continued to increase. The injured worker had lost motivation to return to work and continue her education, and she experienced greater passive ongoing suicidal idealization. On the Beck Anxiety Inventory the injured worker scored a 49 and on the Beck Depression Inventory the injured worker scored a 38, which were both in the severe ranges. On the Wahler Physical Symptoms Inventory, she obtained a score of 2.8, in the ninth decile. Her Global Assessment of Functioning score was 47 indicating major depression. The physician indicated the injured worker's suicidal ideation was increasing and the injured worker reported the only factor stopping her from making this attempt was disappointing her family as she lived with her daughter. The injured worker was seen by her physician on 04/14/2014. The injured worker was complaining of pain and limited range of motion due to an injury to her neck. She was anxious and depressed in relation to the chronic pain and disability she has sustained. The physician noted that she reported increased pain, anxiety, depression, and suicidal ideations related to her fall and injury as well as surgical intervention. The physician noted her speech was slow and she appeared lethargic with mild psychomotor retardation. The injured worker acknowledged the presence of passive suicidal ideation, and she sometimes wondered "what if I take all my pills and just forget about everything." The provider indicated the tendencies towards

suicidal idealization were increased. The physician was concerned the injured worker would advance towards an actual suicide attempt. The injured worker demonstrated difficulty with remote memory, particularly dates for medical treatments and recent memory was intact. The injured worker reported limited range of motion, including difficulty with moving her arms. She reported difficulties performing activities of daily living, stating she felt like a robot and that she was not even human anymore. She had been dependent on benzodiazepine and opioid drugs. However, the physicians were able to wean the patient down from these medications. The injured worker reported ongoing constant neck and upper back pain, slight headaches, and pressure to the eyes. The injured worker was in a very depressed mood. The injured worker became tearful several times a week when thinking about her situation and felt hopeless and useless about her life. The injured worker reported interrupted sleep due to pain and anxiety. The injured worker had become more sedentary. Her outside activities included church and sometimes dinner after church; however, she was withdrawing from friends and family, and isolating herself. The injured worker's medication regimen included Xanax, Seroquel, and Wellbutrin. The physicians recommended continuing individualized psychiatric treatment once a week for 6 weeks, and then determine evaluation of her progress at that point. The physician is requesting Cognitive behavior psychotherapy CBT; 6 sessions over the next 3 months or more on an as needed basis and Biofeedback; 6 sessions over the next 3 months or more on an as needed basis. The rationale was not provided for these requests. The Request for Authorization form was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavior psychotherapy CBT; 6 sessions over the next 3 months or more on an needed basis: 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 Page(s): 23.

Decision rationale: The request for Cognitive behavior psychotherapy CBT; 6 sessions over the next 3 months or more on an as needed basis is not medically necessary. The California MTUS guidelines note providers should screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines noted the initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consideration should be made for a separate psychotherapy cognitive referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, total of up to 6-10 sessions over 5-6 weeks. The physician has diagnosed the injured worker with major depressive disorder. Per a psychological note from 06/2013, the injured worker had a scored a 47 on the Global Assessment of Functioning, a 49 on the Beck Anxiety Inventory, and a 38 on the Beck Depression Inventory. The requesting physician did not provide any psychological testing from after the prior

treatments were performed in order to demonstrate significant improvements were made during treatment. There is a lack of documentation indicating exactly how many sessions of psychotherapy have been performed. As such, the request is not medically necessary.

Biofeedback; 6 sessions over the next 3 months or more on an as needed basis.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Mental Illness and Stress, Cognitive Behavioral Therapy.

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

Decision rationale: The request for Biofeedback; 6 sessions over the next 3 months or more on an as needed basis is not medically necessary. The California MTUS Guidelines do not recommend biofeedback as a standalone treatment, but it is recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. Guidelines for biofeedback therapy include screening for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. The guidelines recommend an initial trial of 3 to 4 psychotherapy visits conducted over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. The injured worker is noted as being withdrawn; focusing on anxiety, stressed, and depression related to symptoms of pain and reduced activities of daily living. The injured worker is focusing at greater rates of incidence of suicidal ideations. There is no evidence the injured worker is motivated to participate in a biofeedback program at this time. The requested psychotherapy is not indicated at this time; therefore, the biofeedback would not be indicated as well. Additionally, the request for 6 sessions exceeds the guideline recommendation of an initial trial of 3 to 4 sessions. As such, the request is not medically necessary.