MAXIMUS Federal Services

Case Number:	CM14-0157043		
Date Assigned:	09/30/2014	Date of Injury:	03/13/2007
Decision Date:	10/28/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/25/2014

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 medical review, this 61-year-old female patient reported a work-related injury that occurred on March 13, 2007 while she was employed for the [redacted]. There was no information provided with regards to the cause of her injury. She has been diagnosed with: Carpal Tunnel Syndrome, Cervical Disc Degeneration, Mononeuritis of Arm, Musculoskeletal Abnormalities, Folder Neuropathy, Shoulder Pain, Cervical Facet Syndrome, Disk Disorder Cervical, Cervical Radiculopathy, and Lumbago. She reports having pain in her right arm and neck that results in emotional liability, irritability, and impacts her activities of daily living and sleep. In February 2014 the patient presented with severe despondency and sadness. In an interview with her and her husband she explained that she is not suicidal but feels that she's in so much pain that her life will probably not last very long and expressed concern for her emotional well-being. A request for continued psychological treatment was made (CBT/Biofeedback). The treatment goals include to "reduce her levels of pain, improve function, better life and to be able to be more active in and out of the home." She has been prescribed the antidepressant medication Cymbalta 30 mg. She reports that her psychotherapy treatments are helping her. There has been improvements in her ability to engage in household activities of daily living that have occurred with a reduction in pain and her emotional condition is more stable with less irritability. She is diagnosed with: "coping deficits and maladaptive health behaviors affecting multiple injuries and chronic pain disorder, in partial remission, responding positively the treatment; and unspecified depressive disorder, severe severity, secondary to industrial injury, and partial remission and responding positively to treatment." A progress note from July 2014 indicates that she is struggling with depression but was participating well in therapy and that her pain level fluctuates depending on her activity/pain levels. Biofeedback progress notes were provided and contained

information with regards to thermal biofeedback temperature readings as a singular modality without electromyography. Her baseline temperature of 76F was able to be increased to 87F with relaxation training. She is reported increased range of motion in her neck, lumbar spine, and shoulders. There is increased activity level. There is also a decrease in her depressive symptoms, decreased use of analgesic medication, increased in levels of coping ability, and reduction in her stress ratings from 7-8/10 to 5/10. With instructions for the patient to complete relaxation techniques twice per day and notes that she has been able to use the techniques to induce relaxation and decrease muscular bracing while walking, she also reported increased walking, stretching, household chores, and social activities. There was no information provided with regards to her prior psychological treatment history with the date of injury occurred over seven years ago it is unclear whether or not she had prior psychological treatment before this current course of therapy that appears to have been initiated in February 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy (CBT) for six (6) sessions: 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)

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, Cognitive Behavioral Therapy, Psychotherapy Guidelines

Decision rationale: According to current MTUS/ODG guidelines cognitive behavioral therapy is a recommended procedure. After a brief initial treatment trial to ensure that the patient is responsive to the therapy, additional sessions may be offered up to a maximum of 13-20 sessions patient is making progress in treatment. Progress treatment is defined in terms of objective functional improvements. Documentation of the treatment sessions that have been provided to date contain sufficient detail and contained information that verify that the patient has been making significant objective functional improvements as a result of her treatment. These include increases in activities of daily living and reductions in her levels of pain and depression and increased overall functionality as well as decreases of dependency on medication. Despite this, the patient has received 18 sessions of cognitive behavioral therapy to date; the request for an additional six sessions would bring her over the maximum amount recommended in current treatment guidelines. There is no information or documentation with regards to whether or not the patient has had prior treatment episodes. Documentation that was provided for the request for additional treatment sessions did not provide ample evidence that would reflect the rationale why the patient should have an extended course of treatment. Medical necessity of continued treatment beyond the standard recommended allotted amount of sessions was not established; therefore the request is not medically necessary.

Relaxation techniques biofeedback for six (6) sessions: 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)

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

Decision rationale: The current guidelines for biofeedback treatment recommend that with 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 afterwards patients may continue biofeedback exercises at home. The authorization of additional treatment sessions is contingent on establishing medical necessity as defined as the patient making objective functional improvements in her treatment and having the total number of sessions falling within the recommended guidelines, and is not based on solely psychological symptomology being present. Treatment progress notes were provided and adequately met the condition for the patient showing objective functional improvements as a result of her biofeedback treatment. She appears to have been able to learn how to preserve bodily temperature to a degree that would reflect increased relaxation. Functional improvement was noted as stated in the above parts of this IMR. However, according to treatment records, the patient has already received 12 sessions of biofeedback without consideration for this request for six additional sessions she has already exceeded the guidelines in terms of session quantity. Therefore the request is not medically necessary.