

Case Number:	CM14-0158256		
Date Assigned:	10/01/2014	Date of Injury:	07/04/2012
Decision Date:	11/13/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 patient is a 29 year-old male who reported an industrial injury that occurred on July 4, 2012. On the date of injury, the patient was working as a bouncer when he was assaulted by another bouncer and punched in the face 5 times resulting in multiple fractures (mandible, Temporomandibular joint dysfunction (TMJ), chin region) and underwent open reduction and internal fixation (ORIF) with 2 plates and an extended hospital stay. He reports ongoing continual headache and continued pain. The patient has participated in an 80 hour functional restoration program and has had prior sessions of biofeedback (quantity unspecified) as well as cognitive behavioral therapy. He's been diagnosed with Posttraumatic Stress Disorder (PTSD); Depression; and Unspecified Major Depression, Recurrent Episode. He reports continued chronic and persistent pain in his jaw. A treatment report from July 2014 notes that the patient is being actively treated with cognitive behavioral therapy and has "been able to develop techniques to manage symptoms and develop coping strategies and has returned to working part-time which is a major accomplishment...that he is close to being permanent and stationary." The entire duration and quantity of prior psychological treatment is not been specified and there were no treatment progress notes at all for biofeedback. A comprehensive psychological evaluation was conducted December 2013, at which time he was given the additional diagnosis of Pain Disorder Associated with Both a General Medical Condition and Psychological Factors. In April 2014 the patient reported that his pain is more tolerable when the psychological symptoms are better under control, but there is persistent depression and anxiety regarding the pain and future. At that time a request was made for additional cognitive behavioral therapy and biofeedback and that specifically the biofeedback was to train him relaxation techniques to help with anxiety and pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy sessions, quantity 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) Cognitive therapy for PTSD, Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment 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: 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. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills are often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. An initial treatment trial is recommend consisting of 3-4 sessions (up to 6 sessions ODG) to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines allow a more extended treatment and recommend 13-20 sessions maximum for most patients who are making progress in their treatment; in some unusually complex and severe cases of Major Depression (severe intensity) and/or PTSD up to 50 sessions if progress is being made. With respect to this patient's psychological treatment, the patient appears to have already received extensive psychological care. The total number of treatment sessions provided could not be accurately determined. There was no statement of the total number of sessions that he had had and it could not be reasonably estimated. He has completed a five week functional restoration program (FRP) and has had cognitive behavioral therapy both before and most likely afterwards the FRP. Therefore, it does appear that the patient has likely exceeded the above stated maximum guidelines 13-20 for most patients. Although he has a diagnosis of PTSD, the documented psychological does not meet the criteria for an extreme case where an extended treatment would be warranted. Prior sessions of psychological treatment appear to have been successful and very helpful to the patient. He has successfully returned to part-time work and appears to have reached a plateau. Recent progress in terms of functional capacity has not been documented adequately. Although persistent residual psychological symptomology is reported, the request for six additional cognitive therapy sessions does not appear to conform to MTUS/ODG guidelines in terms of quantity/duration of treatment and overall psychological symptomology does not cross the threshold of medically necessary.