

Case Number:	CM14-0171203		
Date Assigned:	10/23/2014	Date of Injury:	03/06/2013
Decision Date:	11/21/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/16/2014

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 Clinical 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 provided for this independent review, this patient is a 58-year-old female who reported a continuous trauma injury from October 1973 through March 6, 2013. The injury reportedly occurred during her work as supervisor of administrative services at Kaiser Permanente. She reports injury to her neck, shoulders, and hands from the repetitive motion of years of lifting boxes, pull medical records and caring them to the doctors. She reports a stress injury due to supervisor harassment and intimidation, fear and due to rumors of potentially being replaced. She reports depression that started in 2011 when the whole department was told that she was going to be replaced and out of a job. She filed a complaint with human resources and after felt retaliated against and micromanaged with random complaints being made and she went out on stress leave. She was placed on an unspecified antidepressant. In a report from June 2014 she states that: "now I am able to enjoy my family, church in my group therapy I get for chronic pain management. I am eating more and I gained a lot of sleep. I sleep well now since I've been taking my medication. Psychotherapy treatment progress notes often had contradictorily statements. For example she stated that after "I resigned all the stress went away." But she also she "feels nervous and worried and anxious on a daily basis, I think it has affected my memory I have none whatsoever I used to have panic attacks before the medication but not anymore I still get overwhelmed with all my anxiety and it's hard to manage. It makes me frustrated and irritable." A psychotherapy progress note from October 2014 stated that she had four individual appointments with and they were not helpful, she did not feel that it was effective. She reports that her psychological symptoms have improved since the last meeting and she feels more "in control of thoughts, sleeping better and more social." It was not clear what she attributed these changes to. A comprehensive report from June 2014 provides the following psychological diagnoses: Depressive Disorder; Anxiety Disorder not otherwise specified. She was also

diagnosed with the following disorders: Adjustment Disorder with Mixed Emotional Features; Pain Disorder; Opiate Dependence, Industrial Related. Requests were made for: Follow-up office visit with psychologist (unspecified quantity); 6 biofeedback therapy sessions; 6 cognitive behavioral therapy sessions; 6 psycho-educational group sessions. The requests were not approved, this IMR will address a request to overturn the UR non-certification decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up Office Visit with Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. With respect to this patient, the rationale for the requested follow-up visits was states as: "to ensure that the patient is actively participating in the established pain management program. The purpose of these sessions is to work collaboratively with the pain management specialist to ensure that the procedure works effectively. More importantly, the long-term goal is to reduce the patient's use of opiate medications for pain management. MTUS encourages a multidisciplinary approach towards weaning patients from opiate medications. It is important that the patient developed behavioral strategies for pain management and a psychological consultation is medically necessary in this regard." This request for an unspecified quantity of follow-up visits is not supported as being medically necessary. The request is unspecified in terms of quantity. While follow-up visits in general medical practice are important, in psychological treatment the distinction between a follow-up visit and a psychotherapy session is unclear. Material that would be discussed in a follow-up visit consists of the same material that would constitute a psychological treatment session. No information was provided with respect to how much psychological treatment the patient has already had in terms of session quantity and duration. Several progress notes were provided that included session numbers however they were only written with respect to the authorization and not a cumulative total. There was vague and insufficient discussion of the treatment progress of the patient has made in terms of measurable and objective functional improvements. The mention of using follow-up sessions to coordinate treatment to help the

patient reduce opiate medication was also vague. There is no medication listed nor was the quantity of the opiate medication to be reduced discussed in any manner. It is unclear why a psychologist would need to help the patient reduce opiate medication (she appears to be taking unspecified quantity of Vicodin when this should be handled through her general medical care). Without knowing how long the patient is already been in psychological treatment and the outcome of prior psychological treatment sessions additional psychological treatment is not indicated. Also, the patient's psychological injury was reported to be largely resolved once she discontinued working. Although, there was conflicting information with regards to this. The injury occurred many years ago and her entire psychological treatment history since the time of her injury would be needed to assess whether or not additional treatment is likely to be effective. Given the dearth of supporting documentation for this request to the original utilization review decision is not medically necessary.

6 Biofeedback Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, 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 a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A 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 is recommended at first 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. After completion of the initial trial of treatment and if medically necessary the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. With regards to this patient her primary treating psychologist is recommending biofeedback therapy because it involves "developing patient's ability to alter a particular physiological response by providing them with feedback about the response they are attempting to control." There were no treatment records provided whatsoever with regards to her past biofeedback sessions. It is entirely unclear how much biofeedback she is already had and whether additional six sessions would conform to the treatment guidelines. There was no biometric measures before and after treatment sessions 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 her biofeedback treatment. It is unclear if she was being taught to use the biofeedback exercises independently at home and if so was she 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 6 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 the original utilization decision is not medically necessary.

6 Cognitive Behavioral Therapy Sessions: Upheld

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

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. An initial treatment trial is recommend consisting of 3-4 sessions 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. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. With respect to this patient's psychological treatment, the patient appears to have already at least 6 session and likely more. The total session quantity was not provided. It is unclear whether or not six additional sessions would exceed guidelines. Prior sessions do not convey objective functional improvement in this efficient manner to warrant additional sessions. The clinical indication of additional sessions also is not medically necessary based on statements that the patient's symptomology has improved dramatically since she discontinued working. Although there is some conflicting information of continuing psychological issues, they appear to have been treated already with psychiatric and psychological treatments. The treatment history was insufficiently detailed and documented. The patient's injury occurred initially in 2011. It is unclear how much treatment she has had since then and what the outcome was of prior treatments. Session quantity was reported only in terms of the current authorization without a running total, so only a best estimate could not be made. The medical necessity of additional sessions of cognitive behavioral therapy could not be determined with the documentation provided and therefore the utilization review decision is not medically necessary.

6 Psycho-Education Group Protocol: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 389.

Decision rationale: The ACOEM guidelines states that patient education is a cornerstone of effective treatment. Patients may find it therapeutic to understand the mechanism and natural history of the stress reaction and that it is a normal occurrence when their resources are overwhelmed. Education also provides the framework to encourage the patient to enhance his or her coping skills, both acutely and in a preventative manner by regularly using stress management techniques. Physicians, ancillary providers, support groups, and patient-appropriate literature are all educational resources. For this patient, the medical necessity of 6 Psycho-

educational group protocol sessions is not supported by the documentation provided for this IMR. The patient has been actively participating in psychological treatment consisting of biofeedback and cognitive behavioral therapy and possibly already received this treatment modality as well. It is entirely unclear how many sessions of this treatment modalities she has already had, if any. No outcome information from this treatment modality was provided in terms of functional improvements. Continued an additional therapy sessions are contingent on documentation of objective functional improvements. The request is unsupported and does not appear to be medically necessary.

