

Case Number:	CM14-0172809		
Date Assigned:	10/23/2014	Date of Injury:	05/15/2013
Decision Date:	12/02/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/20/2014

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 Clinical Psychology and is licensed to practice in Califor. 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:

Based on the records that were provided for this IMR, this patient is a 32 year old female who reported an industrial work-related injury that occurred on May 15, 2013 during the course of her work duties for the [REDACTED]. On the date of injury she was responding to a call when her radio belt caught in the car seat as she twisted to exit her patrol car, resulting in reported immediate pain in the mid to low back with spasms preventing her from standing up from a sitting position. She reports low to mid back pain and neck and upper back pain, right hip pain with leg weakness. She reports constant aching, stabbing and burning low thoracic and lumbar pain radiating to the right hip and upper spine. The pain is worsened by sitting and walking and she reports having difficulty breathing all the way around her rib cage. With continued notes of muscle spasms in the mid-low back. She was initially treated at [REDACTED] with work restrictions that her department could not accommodate. Conventional medical treatments have included multiple injections and medial branch blocks, radiofrequency ablation, and there is a note of a small disc herniation. Surgical intervention was recommended but delayed due to authorization issues. Psychological complaints have included depression and anxiety which have developed secondary to persistent pain and loss of function. Cognitive behavioral therapy has been helpful for the patient and being proactive communicating her needs and biofeedback has resulted in experiences of relaxation of her muscles and improved sleep and weight loss. Prior cognitive behavioral therapy sessions have also been used to help the patient prepare for surgery. September 30, 2014 psychological testing showed anxiety and depression scores to be in the minimal range and patient reported that she found the sessions helpful. Cognitive behavioral therapy was used to help the patient consolidate the gains of treatment and discuss future goals including finding new work as she cannot return to her old job. Beck anxiety inventory (BAI) Initial testing July 22, 2014 score 4= minimal range, Beck Depression Inventory (BDI) score 12

= mild; retesting Sept 23, 2014 both minimal range. Functional improvements listed as "improved sleep, improved appetite and food choices, improved hydration, increased optimism for future, increased socializing and activity within limits." The patient received the following psychological diagnosis: Pain Disorder Associated with Both Psychological Factors and a General Medical Condition. A rule out diagnosis of depressive disorder not otherwise specified was also under consideration. A progress note from her primary treating physician dated August 15, 2014 indicates that her psychological treatment had not started and she was described as being in "a moderate degree of distress." A request was made for six additional sessions each of psychotherapy and biofeedback, the request was non-certified. The UR review rationale was stated: "the patient has achieved functional progress during the initial phase of treatment. An additional 4 sessions are recommended for guidelines and therefore the request is partially certified." This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional psychotherapy sessions, quantity six: 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 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, Cognitive behavioral therapy, psychotherapy guidelines, October 2014.

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. The official disability guidelines (ODG) allow a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. With respect to this request for 6 additional sessions of cognitive behavioral therapy, the patient does appear to have made good progress in the treatment that has already been provided to her. There was mention of significant clinical gains resulting in objective functional improvements. The total quantity of sessions the patient has received to date was unclear but is important in determining if more sessions fall into the guidelines recommended range. There was no statement of the total number of sessions provided. However, there is a note that indicates in August that her treatment had not yet started, and it appears that she only received an initial treatment trial that is used to determine whether or

not additional sessions should be offered, and because utilization review did offer 4 sessions as a modification of the requested 6, it seems very likely that the patient has not yet received the number of sessions that are recommended: 13-20 according to the official disability guidelines for patients who are making progress in their treatment. The issue however is that the patient does not appear to be exhibiting significant levels of psychopathology that warrant additional sessions. According to her scores on the Beck depression and Beck anxiety inventories her levels of distress are minimal. It also appears that she is heading into a surgical intervention, the results of which may, or may not, make additional therapy also unnecessary. The utilization review determination did offer a modification of the request to allow for 4 additional sessions. The authorization of additional sessions should develop out of medical necessity and until the surgical outcome is known additional sessions may, or may not, be medically necessary within the context of her low levels of psychological distress. Therefore the utilization review determination is upheld.

Additional biofeedback, quantity six 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 part 2, 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 respect to the request for additional biofeedback sessions, as was mentioned above the patient is making improvements in functional capacity as a result of her treatment. The total number of sessions that she's already received was not reported for biofeedback so it was not possible to tell whether she's already had the maximum recommended number of 6-10. The utilization review determination did offer a modification of the request to allow for 4 additional sessions. This is a reasonable and appropriate decision. It appears that she probably has had only 6 sessions and thus already falls into the low end of the maximum range recommended for most patients. She appears to be using the relaxation coping skills well to cope with pain related to difficulty breathing. The medical necessity of additional sessions is not demonstrated for this request due to pending surgical intervention, low levels of psychological distress, and that it could not be determined if she is already at the maximum recommended number of session quantity. Therefore the utilization determination is upheld.

