

Case Number:	CM14-0176672		
Date Assigned:	10/29/2014	Date of Injury:	07/09/2012
Decision Date:	12/05/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/24/2014

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 licensed 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 that were provided for this IMR, this patient is a 44 year old female who reported an industrial work-related injury that occurred on July 9, 2012 during the course of her employment for [REDACTED]. The injury occurred when she was lifting heavy boxes of tomatoes and avocado and felt a pop when setting a box off to the counter while twisting and bending. And developed sudden and sharp low back pain with right lower extremity radiation. Prior treatments have included conventional medical treatments, chiropractic and physical therapy, work restrictions, steroid injections, home exercise program, consultation with spinal surgeon, and pain psychological treatment. She reports depression and anxiety due to loss of function and related to fear of reoccurring pain. A partial list of her medical diagnoses include: chronic pain, degeneration of lumbar intervertebral disc, lumbosacral radiculitis, subscapularis tendinitis, partial thickness rotator cuff tear and sprain of ligament of lumbosacral joint. This IMR will focus on her psychological symptoms as they pertain to the requested treatment. She reports emotional distress, depressed mood, insomnia, psychomotor agitation, fatigue, high levels of anxiety. A request was made for cognitive behavioral therapy x12 sessions to be held over a 3-4 month. The rationale for the request was to help the patient develop coping skills and manage control symptoms of anxiety and depression, and improve daily functioning. A comprehensive psychological evaluation was completed in October 2014. The diagnostic impression was listed as: "coping deficits and maladaptive health behaviors affecting lumbar spine pathology and chronic pain disorder; and unspecified depressive disorder, secondary to industrial injury exacerbated by a high level of dysfunctional coping mechanisms." Treatment recommendation was for cognitive behavioral therapy and biofeedback treatment, 11 treatment goals were listed. The request was modified by utilization review to allow for four cognitive behavioral visits over to week. A second request was made for biofeedback therapy, 12 visits

over 3 to 4 month period, this request was also modified to allow for four visits over a two-week period. This IMR will address a request to overturn the utilization review determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy x12 over 3-5 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) (updated 10/06/14); Psychology treatment

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, topic: cognitive behavioral therapy, psychotherapy guidelines, October 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. The official disability guidelines (ODG) allow a more extended treatment: 4 to 6 sessions initial trial with up to 13-20 visits maximum 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. With regards to this patient, the request for 12 sessions of cognitive behavioral therapy to be held over a 3 to 5 month timeframe was correctly modified by utilization review so that it would be conforming to the MTUS guidelines. This UR determination modification allows the patient to start treatment and additional sessions are contingent on functional improvements being made. Both the MTUS and the ODG recommend an initial treatment trial to determine whether or not patient is responding with objective functional improvements and to prevent ongoing treatment in cases where it is not helping so that other avenues of treatment can be explored. The request for 12 sessions at the outset of treatment without conducting an initial treatment trial is not conforming to these guidelines. In addition the timeframe requested of 3 to 5 months is too long without ongoing assessment of medical need and treatment effectiveness/outcome. It is not entirely clear that this is in fact a request to start a new course of treatment with the patient who is not had any prior psychological care. There was a one sentence mention of prior psychological treatment without any details. There was no mention of whether or not she has had psychological treatment and if so what it consisted of in terms of session quantity and outcome. If in fact she has had prior treatments then that information is needed in order to determine if further sessions are warranted. The protocol for an initial treatment trial would not apply if she did in fact have prior treatment. The quantity and duration of prior treatment would be necessary in order to determine if it falls within the guidelines as well as evidence of objective functional improvements. The majority of the evidence presented in this request suggests that she has not had prior

psychological treatment however this would need to be sorted out if any of the requests are made for this patient. Because this request exceeds guidelines for an initial treatment trial, it is not found to be medically necessary based on the quantity of the request, and so the UR determination is upheld.

Biofeedback x12 over 3-4 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC, ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) (updated 10/06/14); Biofeedback

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, biofeedback treatment 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 this request, it exceeds the recommended maximum number of sessions which is 10. The same procedure listed above is also required were an initial treatment trial of 3 to 4 visits is given to see how the patient responds before the remainder of the sessions are offered if they found to be medically necessary. This request is asking over the maximum number of sessions at the outset of treatment without any initial treatment trial and therefore exceeds guidelines. The previously mentioned discussion about whether or not the patient has had prior courses of psychological treatment also applies with respect to this request for biofeedback. Because of these reasons, this request is not medically necessary.