MAXIMUS Federal Services

Case Number:	CM14-0025743		
Date Assigned:	06/04/2014	Date of Injury:	01/27/2003
Decision Date:	07/11/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/01/2014

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 Texas. 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:

The injured worker is a 61-year-old male who reported an injury on 01/27/2003 secondary to continuous trauma. The injured worker was evaluated on 01/16/2014 continuing emotional symptoms. The exam noted that the injured worker had received comprehensive psychological treatment on 02/22/2007. The exam notes also indicated the patient had a total of 13 cognitive behavioral sessions and 4 biofeedback sessions. The exam indicated that the injured worker suffered from a depressive mental disorder caused by physical pain and disability with damaged self esteem, emotional withdrawal, mistrust, psychological fatigue, and cognitive impairment. There were improvements in the injured worker's social functioning, depression, emotional status after previous therapy and biofeedback sessions. The exam indicated that despite the psychological improvement, the injured worker still remained symptomatic with residuals requiring further treatment in areas of depression, anxiety, panic, and stress-intensified headache. The injured worker had a Beck Depression score of 26, indicating moderate to severe depression; a Beck Anxiety score of 22, indicating moderate level of anxiety; and an Insomnia Severity Index of 22, indicating moderate insomnia. The exam noted the injured worker's thought process appeared pressured, anxious, and distraught, and suffers from major depression, and has extreme posttraumatic stress disorder with panic attacks. The exam further noted that because of the injured worker's positive response to cognitive behavioral therapy sessions and because of [redacted] persistent emotional symptoms and impairments, especially the severe PTSD, superimposed on a major depression, they are requesting authorization for an additional 20 cognitive behavioral therapy visits and 6 biofeedback visits over the next 6 months or more on an as needed basis. The request for authorization was not found in the documentation provided. The rationale was indicated in the notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 ADDITIONAL VISITS OF COGNITIVE BEHAVIOR PSYCHOTHERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy Page(s): 101-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Cognitive therapy for PTSD.

Decision rationale: The California MTUS Guidelines may recommend psychotherapy as the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The Official Disability Guidelines state that cognitive behavioral therapy may be recommended in the treatment of PTSD up to 13-20 visits over 7-20 weeks if progress is being made as evidenced by objective functional gains. The documentation noted the injured worker to have a Beck Depression score of 26, Beck Anxiety Inventory of 22, and Insomnia Severity Index of 22 on 02/22/2007 with depression, anxiety, panic, and stress-intensified headaches. The provided request indicated that he evidenced subjective improvement in the past treatment, specifically with improved socialization and general coping. The exam also noted despite reported improvement, the injured worker still remained symptomatic with residuals requiring further treatment. There is no quantitative evidence of testing for a level of depression, anxiety, or other psychological signs and symptoms in the form of formal test scores (such as the BDI, BAI, etc) prior to initial therapy in the documentation provided. Therefore, it is unclear the level of objective improvement the injured worker has obtained since beginning cognitive behavioral therapy and biofeedback therapy. The injured worker had received at least 13 prior cognitive behavioral therapy visits. This amount combined with the request of 20 more visits exceeds the recommended number of visits, and while it is stated that his symptoms are severe and would therefore possibly warrant an extension of sessions beyond the recommendation, as is supported by the guidelines, there is insufficient objective evidence of improvement in treatment thus far. Without the comparison of the BDI, BAI, etc scores to show some improvement, it cannot be concluded that treatment has been effective thus far. Therefore, based on the documentation provided, the request is not medically necessary.

BIOFEEDBACK X 6 SESSIONS OVER THE NEXT 6 MONTHS OR MORE ON AN AS NEEDED BASIS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Biofeedback.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: The request for biofeedback x 6 sessions over the next 6 months or more on an as needed basis is non-certified. The California MTUS does not recommend biofeedback therapy as a standalone treatment but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. The prior request for cognitive behavioral therapy has been non-certified. There is also a lack of indication of the biofeedback therapy being used to facilitate an exercise therapy and return to activity program. Therefore, based on the documentation provided, the request is non-certified.