

Case Number:	CM14-0033971		
Date Assigned:	06/20/2014	Date of Injury:	01/25/2013
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/18/2014

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 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 53-year-old female who reported a date of injury on 01/25/2013. The injury reportedly occurred when she was pushed by a student from behind, causing her to hit her head on a metal door frame, leading to loss of consciousness. Her previous treatments were noted to include physical therapy, psychotherapy, surgery, and medications. Her diagnoses were noted to include adjustment disorder with chondromalacia of the patellofemoral joint, mixed anxiety and depressed mood, and post-concussion syndrome. The psychological progress report dated 01/24/2014 reported the injured worker had met with her psychologist regularly, at weekly to biweekly intervals, and engaged in a wide variety of psychological interventions including cognitive behavioral and biofeedback mediated self-help interventions for coping with pain. The provider reported her progress and treatment resulted in her overcoming most of her anxiety and depression symptoms, her avoidance symptoms, and her pessimism about work. The provider reported on a psychological basis, the injured worker could return to full duty. The progress note dated 01/30/2014 reported the injured worker had received psychotherapy and overall her condition had not improved. The injured worker reported continuous pain, swelling, and inability to sleep, run, focus anxiety, and depression. The injured worker also had limited mobility of the right knee and had difficulty walking up and down the stairs. The injured worker rated the usual pain level as 7/10 and the worst as 10/10. The Request for Authorization form dated 01/24/2014 for 6 sessions of psychophysiological therapy (biofeedback), psychotherapy extended sessions, as patient's needs reflects; neuropsychological evaluation. However, the provider's rationale was not submitted within the medical records. The Request for Authorization form dated 01/24/2014 was for psychological progress report to address industrial and nonindustrial stressors that are more complex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of psychotherapy in conjunction with six sessions of psychophysiological therapy (biofeedback): 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), Mental Illness and Stress, Cognitive therapy for Depression.

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

Decision rationale: The injured worker has received previous biofeedback and psychotherapy sessions. The California Chronic Pain Medical Treatment Guidelines do not recommend biofeedback as a standalone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The Official Disability Guidelines also note a 4 to 6 session trial of cognitive behavioral therapy should be sufficient to provide evidence of symptom improvement in the treatment of depression, improve functioning, and quality of life indices do not change as markedly within short duration of psychotherapy as do symptom based outcome measures. The guidelines for psychotherapy state up to 13 to 20 visits over 7 to 20 weeks (individual sessions) if progress is being made. The injured worker has received a previous unknown number of biofeedback therapy with psychotherapy sessions and there is a lack of clear documentation regarding objective functional improvement. Therefore, the request is not medically necessary.

Psychotherapy extended session, as patient need reflects: 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), Mental Illness and Stress, Cognitive therapy for Depression.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive therapy for depression.

Decision rationale: The injured worker has received previous treatments of psychotherapy and the psychologist assessment reported the injured worker could return to full duty. The Official Disability Guidelines note a 4 to 6 session trial of cognitive behavioral therapy should be sufficient to provide evidence of symptom improvement in the treatment of depression, improve functioning, and quality of life indices do not change as markedly within short duration of psychotherapy as do symptom based outcome measures. The guidelines for psychotherapy state up to 13 to 20 visits over 7 to 20 weeks (individual sessions) if progress is being made. In addition, the provider should evaluate symptom improvement during the process, so treatment

failures can be identified early and other treatment strategies can be pursued if appropriate. The guidelines state in cases of severe major depression or post-traumatic stress disorder, up to 50 sessions if progress is being made. There is a lack of documentation regarding objective functional improvement to warrant further psychological treatments. As such, the previous request for biofeedback in conjunction with psychotherapy is non-certified, which does not warrant the current request for cognitive behavioral therapy. Additionally, the injured worker has had previous unknown number of psychotherapy treatments. Therefore, the request is not medically necessary.

Psychological progress report: 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), Mental Illness and Stress, Cognitive therapy for Depression.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive therapy for depression.

Decision rationale: The Official Disability Guidelines psychotherapy guidelines recommend up to 13 to 20 visits over 7 to 20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and other treatment strategies can be pursued if appropriate.) Due to the lack of documentation regarding progress being made, the previous request for psychotherapy has been non-certified. As such, the need for a psychological progress report is also not warranted at this time. Therefore, the request is not medically necessary.

Neuropsychological evaluation: 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), Mental Illness and Stress, Cognitive therapy for Depression.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101..

Decision rationale: The injured worker has received previous psychotherapy and biofeedback sessions. The California Chronic Pain Medical Treatment Guidelines recommend psychological evaluations, and well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The injured worker has received previous psychotherapy and biofeedback without objective functional improvement reported. As such, the request for Neuropsychological Evaluation is not medically necessary.