

Case Number:	CM14-0036669		
Date Assigned:	06/25/2014	Date of Injury:	11/15/2012
Decision Date:	07/23/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/26/2014

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 Physical Medicine & Rehabilitation 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:

The injured worker is a 32 year old female who reported an injury on 11/15/2012 due to a physical/sexual assault. Her diagnoses included depressive disorder not otherwise specified with anxiety and post-traumatic reaction, and psychological factors affecting medical condition (stress-intensified headache, teeth grinding, neck/shoulder/back muscle tension, pain, and nausea). A report dated 02/06/2014 stated that the injured worker sustained injuries to her neck, back, breast, and genital area causing anxiety and depression. Her gastrointestinal system, sleep, and psyche were affected. She reported having feelings of fear, anxiety, and sleep disturbance. Psychological tests dated 01/31/2014 revealed a Beck anxiety inventory score of 9, Beck hopelessness scale score of 8, and a personality assessment inventory was interpreted as mild. Prior treatment included cognitive behavioral therapy. The treatment plan was for biofeedback and cognitive behavioral therapy. The request for authorization was signed on 02/06/2014. The rationale was to address her anxiety and depression and further functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x13 visits every other week for 3 months or as needed basis:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive behavioral therapy (CBT).

Decision rationale: A psychological follow up report dated 02/06/2014 stated that the injured worker was found to still be too depressed, anxious, and overwhelmed to return to work. It was noted that she had been attending psychotherapy since 02/14/2013; the number of visits was not specified. The California MTUS guidelines state that for psychological treatment one should identify those who continue to experience pain and disability beyond the usual time of recovery. If pain is sustained in spite of continued therapy, intensive care may be required from mental health professionals allowing for a multidisciplinary treatment approach. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The Official Disability Guidelines further state, a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. If progress is being made, up to 13-20 visits may be recommended. It does appear that the injured worker would benefit from additional therapy. However, there is a lack of documentation regarding efficacy of the previous psychotherapy sessions. The psychological test scores provided were dated 01/31/2014. There are no recent test scores to verify if the injured worker has had psychological improvement with prior therapy. There is a lack of documentation to determine the number of sessions completed. Without evidence of symptom improvement, the request for an additional 13 sessions exceeds the guideline recommendations. The documentation provided is lacking the evidence needed to warrant additional cognitive behavioral therapy sessions. Given the above, the request is not medically necessary.

Biofeedback x4 visits for 3 months or 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, Mental Illness & Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: The California MTUS guidelines state that biotherapy is not recommended as a standalone treatment but recommended as an option in a cognitive behavioral therapy (CBT) 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 potential benefits of biofeedback include pain reduction because the patient may gain a feeling that she is in control and pain is a manageable symptom. It may be approved if it facilitates entry into a cognitive behavioral therapy program where there is strong evidence of success. The Official Disability guidelines state that consideration of biofeedback can be made in conjunction with CBT after 4 weeks. With evidence of objective functional improvement in psychotherapy visits, a total of up to 6-10 visits is recommended. There is a lack of documentation to determine if the injured worker experienced improvement with prior therapy sessions nor does it state how many biofeedback sessions she had attended. The documentation provided lacks information regarding success of

her prior treatment and history of previous treatment sessions. In addition, the concurrent request for additional CBT was not supported and the guidelines do not recommend biofeedback as a stand-alone treatment. As such, the request is not medically necessary.