

Case Number:	CM14-0040165		
Date Assigned:	06/27/2014	Date of Injury:	07/01/2001
Decision Date:	10/01/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/06/2014

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, has a subspecialty in Health Psychology and pain management 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 66-year-old male who reported an industrial/occupational work-related injury on July 1, 2001. The injury reportedly occurred while he was working at [REDACTED] as a regional manager and reportedly was under a significant amount of stress related to work related exposure. The exact details of this injury remained unclear but it was noted that the patient has suffered from numerous strokes and has had a heart attack and was diagnosed with Guillain-Barre syndrome, and has ongoing language problems including dysarthria and aphasia. He is noted to be extremely depressed and does have intermittent suicidal ideation. He has a long history of working to help other people as a motivational speaker which he now cannot do and feels useless, frustrated, and hopeless about his condition. He has been diagnosed with reactive depression and speech aphasia status post stroke/heart disease. An MRI of the brain showed cerebral vascular small vessel ischemic disorder. A treatment progress note from February to 2014 mentions that his cognitive behavioral treatment has been helpful in relieving some of his depressive symptoms. He has been authorized for 12 sessions and completed 11 of them as of the date of the original utilization review. He reports that the treatments are helping him to keep his blood pressure under control and that if he goes for more than two weeks without it is blood pressure increases. Biofeedback sessions have been provided the quantity of sessions was not provided but progress notes stated that his blood pressure improved and benefited from the treatment by being able to calm down and also gain an internal locus of control. Three treatment modality requests have been made: additional Psyche sessions (quantity 6); cognitive behavioral therapy (quantity, frequency, and duration unspecified); biofeedback therapy (quantity, frequency, and duration unspecified). All three requests were non-certified. This independent medical review will address a request to overturn those decisions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Psyche sessions X 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment, Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Topic: Psychotherapy Guidelines Cognitive Behavioral Therapy for Depression June 2014 update.

Decision rationale: According to the MTUS guidelines psychological treatment is a recommended procedure for appropriately identified patients during the treatment for chronic pain. Psychological intervention include setting goals, determining the appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Based on my review of the patient's medical chart he appears to have had 12 sessions of treatment to date. According to the official disability guidelines patients may have up to a maximum of 13-20 sessions if progress is being made. While I agree with the utilization review for non-certification that there was minimal documentation of the patient's prior sessions and improvement, specifically detail progress notes were not provided and that on the whole it was not possible to determine the patient has been making functional improvements as defined by the following: increased activities of daily living, decreased restrictions on work activities if appropriate, and a reduced reliance on future medical treatment. That said there were several indications that the cognitive behavioral treatment that has been provided was helping him in particular one notation stated that the patient is having less depressive symptoms and that his blood pressure is reduced. He has not yet had the maximum amount of treatment that can be accorded to them and it is my impression that this intervention is medically appropriate and necessary for this patient at this time and the results of this independent medical review are that a one-time consideration should be offered to the patient but that any future requests for treatment must fit into the guidelines specifically with discussion of any functional improvements in his activities of daily living or future reliance on medical treatment. The request to overturn the non-certification utilization review decision is approved as medical necessity has been established.

Cognitive Behavioral Therapy (no frequency / duration given): 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) - Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23-24.

Decision rationale: According to the official disability guidelines after an initial treatment trial, if progress is being made, additional sessions up to a maximum of 13-20 sessions can be offered contingent on objective functional improvement. This request cannot be approved because the quantity of sessions, the frequency of attendance, and the total duration have not been provided. It is absolutely essential that any request that goes to independent medical review for reconsideration must have the quantity of sessions being requested. Unlike a utilization review, the independent medical review cannot offer modifications at the request. Because this request does not specify the exact number of sessions being requested, it would be essentially the same as approving an unlimited number of treatment sessions that would continue forever until the patient's case is closed. I reviewed the request for treatment carefully and could not find the right number of sessions that were being requested; therefore, medical necessity for unlimited sessions is not medically necessary and appropriate.

Biofeedback Therapy (no frequency / duration given): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines biofeedback. Decision based on Non-MTUS Citation ODG, biofeedback

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part two, behavioral interventions, biofeedback Page(s): 24.

Decision rationale: For the same rationale that was provided above, the total number of sessions being requested was not provided for biofeedback therapy either. According to the MTUS/ODG biofeedback guidelines, after an initial trial of 3-4 sessions over two weeks and with evidence of objective functional improvement, a total of up to 6 to 10 visits may be provided over a 5 to 6 week period of individual sessions, and afterwards, patients may continue biofeedback exercises at home. Because the total quantity of sessions was not provided, it is impossible to overturn this decision because doing so would be basically offering unlimited sessions in perpetuity. The medical necessity of unlimited sessions is not medically necessary and appropriate.