

Case Number:	CM14-0068701		
Date Assigned:	09/05/2014	Date of Injury:	03/04/2004
Decision Date:	09/29/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/13/2014

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 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 are provided for this independent medical review, this patient is a 36-year-old male who reported an industrial/occupational work-related injury on March 4, 2004 during the normal and usual work duties as a Tire Technician. There is also a motor vehicle accident for March 28, 2012 that is industrial related. There have been extensive dental problems and pain and resulting dental procedures. According to a record provided by a dentist, the reported injury occurred while he was working on a tire and his back gave out. He reported the injury he was sent for treatment. Very little information was provided in the medical records I received regarding the exact causation of the injury other than this statement. He subsequently had at least two back surgeries initially in 2007 and is subsequently had other surgical interventions. He is status post multiple surgeries including hardware insertion and spinal surgery, and spinal cord stimulator and he reports chronic ongoing low back pain that radiates into both legs has been diagnosed with post laminectomy syndrome, chronic myofascial cervical and lumbar pain, as well as multiple other diagnoses that are well documented in his chart as this review will concern primarily as psychological symptoms. The patient reports ongoing symptoms of depression, anxiety, and cognitive issues with the short-term memory lapses and a history of attention deficit issues with continued neck pain and headache. Additional psychological symptoms include feelings of sadness, fatigue, low self-esteem, and apathy, a sense of hopelessness, loss of pleasure in usual activities, social avoidance, lack of motivation and libido, feelings of emptiness and periodic crying episodes He has been prescribed the medication Remeron 15 mg along with Depakote and the Lithium to stabilize his mood. The patient has a history of non-industrial caused psychiatric struggles and was prescribed Haldol at the age of 18 for one week and medication to treat bipolar disorder in 2011 after his brother committed suicide and a grandparent died. There is also mention of the use of methamphetamine

at the age of 17. Beck Inventory scores reflects moderate depression and anxiety. A psychological report from April 2014 provided the following diagnoses: rule out bipolar disorder I vs. II; pain disorder; rule out sleep disorder due to a medical condition; cognitive disorder; opiate dependence industrial related. Four separate requests for treatment modalities were made and all were noncertified. This independent medical review will address a request to overturn each one of these treatment requests. The utilization review rationale mentions that the patient has had multiple prior cognitive behavioral therapy and psychological counseling sessions and at the time of this request was being considered for a detoxification program. The utilization review rationale for non-certification for cognitive behavioral treatment is that he is already had multiple prior sessions without documentation of objective functional improvement. The rationale for non-certification of biofeedback and follow-up office visits was stated that because the cognitive behavioral therapy treatment was denied that these other visits should also be denied. The rationale provided for not certifying neurocognitive testing was that it is recommended for severe traumatic brain injury but not for concussions, symptoms persist beyond 30 days and that the patient had not suffered from traumatic brain injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Mental Illness & Stress (updated 04/09/2014), Cognitive Behavioral Therapy (CBT).

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

Decision rationale: The patient received ongoing cognitive behavioral treatment from [REDACTED], and at the time of this request his psychological treatment was going to be transferred to [REDACTED] because [REDACTED] has relocated his office to an area where the patient isn't able to attend. However I was unable to find any progress notes with respect to his treatment with [REDACTED] including the number of sessions and documented evidence of objective functional improvement. Despite a very careful examination of 628 pages of medical notes, I was not able to find any indication with respect to his treatment with [REDACTED] other than a notation that he did have an initial evaluation with him in November 2011 suggesting that treatment probably commenced within a few months of that date. I found that he was still engaged in this treatment up to October 2013 with [REDACTED] and probably into early 2014 before [REDACTED] relocated his office to a new location. As best as I can tell this is a request to start over with a new psychologist. That psychologist, [REDACTED], conducted a comprehensive psychological report of the patient but neglected to mention any details with regards to his prior treatment with [REDACTED]. According to the official disability guidelines for cognitive behavioral therapy and psychological treatment patient should have an initial set of successions. After this initial trial they may have up to a maximum of 13 to 20 sessions if progress is being made. In some extraordinary cases of severe symptomology additional sessions

up to 50 may be offered when there is a diagnosis of PTSD and/or severe major depression. Additional sessions are contingent on several factors, not only psychological symptomology must be evidenced but a firm response to prior treatment sessions must be documented and detailed in an objective manner typically involving objective measurements such as a brief depression scale or otherwise. Objective functional improvement is defined as having several components to it including an increase in activities of daily living, a reduction in work restrictions (if applicable) and a reduction in need for future medical treatment. Despite the fact that the patient has had perhaps several years if not at least many months of psychological treatment I was not able to see any notes that reflect this. Therefore, the request of six (6) Cognitive behavioral therapy sessions is not medically necessary and appropriate.

One Neurocognitive assessment over 4 weeks: 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, Head Chapter (updated 03/28/14), Neuropsychological testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, psychological evaluation Page(s): 100-101.

Decision rationale: According to the ODG guidelines, psychological evaluations are generally accepted, well-established diagnostic procedures not only were selected using pain problems but also with more widespread use in chronic pain populations. However, the rationale and justification for one neurocognitive assessment was not provided in sufficient detail to support the medical necessity of this treatment. The patient is 10 years since the date of his original injury and 2 years past a car accident (no details were provided about any resultant injury) and I was not able to find indication of the patient having had a head injury or having even a concussion. He might have one but if so it was not documented, or the documentation was not provided for this review. There was mention of an automobile accident, but there were no details provided and I did not see any diagnosis of a post-concussive syndrome or traumatic head injury. Patient underwent a lengthy comprehensive psychological evaluation April 2014 that mentioned short term memory issues and history of attentional issues. But it is not clear if either of these are the result of pre-existing conditions (at least the ADHD), or are sequelae of his industrial injuries, or a consequence from use of methamphetamine. If anything there is evidence to support that the reported attentional issues are led him to drop out of school and therefore are pre-existing. The request was further clarified as: "Psychological evaluation with an emphasis on opioid-based medication usage, cognitive functioning, and other neurobehavioral issues." The patient had a comprehensive Psychological evaluation in April 2014 utilizing multiple screening assessment tools. While some of the results suggest the patient may be experiencing short term memory deficit and/or concentration issues (which can often be the cause of any memory problems) there is no clear nexus between his injury and these symptoms and with a suggested and perhaps pending detox it would be best to have these issues cleared prior to consideration of any neurological testing. In sum, there is insufficient documentation supporting the medical necessity of this request, therefore, Neurocognitive assessment over 4 weeks is not medically necessary and appropriate.

Six (6) Biofeedback sessions: Upheld

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

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

Decision rationale: Again the medical necessity of this treatment modality request is not been established. I was unable to find in my review of the lengthy medical records that were provided to me the specific rationale for this request. There was no mention of which forms of EMG or GSR or other biometrics were going to be measured nor was there any indication of the reason why these techniques were indicated for this patient. Although biofeedback can be helpful for anxiety, I was not able to find any specific mention of symptoms or diagnoses of which were to be treated. Although the patient has had extensive treatment in the past is unclear if this prior treatment included biofeedback or not or if this is an initial treatment request. MTUS guidelines for biofeedback suggest that patients should be screened for risk factors for delayed recovery, as well as motivation to comply with the treatment regimen that requires self-discipline. Initial trial of 3 to 4 sessions over two-week period should be provided and with evidence of objective functional improvement a total of up to 6-10 sessions over a 5 to 6 week period of individual sessions should be offered and then patients should continue biofeedback exercises at home. This request does not contain evidence that the patient would be able to comply with a treatment regimen that requires self-discipline. He may or may not be able to, but there was no mention of this in the request. In addition the number of sessions being requested exceeds the maximum amount allowed 3 to 4 as an initial trial. Therefore the request of six (6) Biofeedback sessions is not medically necessary and appropriate.

Four (4) Follow up office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Mental Illness & Stress (updated 04/09/2014), office visits.

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 Chapter, Evaluation and Management, Outpatient Office Visits. June 2014 Update.

Decision rationale: If the request is actually for E&M (evaluation and management) by a psychologist, then that would be something typically contained within the psychotherapy (CBT or psychotherapy) session and not as a separate meeting. According to the Official Disability Guidelines E & M can provide an important and critical role in the diagnosis of return to function of an individual worker and should be encouraged. At this juncture the patient is 10 year post his date of original injury. He has had prior courses of Psychological treatment, but the nature of these past treatments were not addressed, specially the outcome in terms of functional

improvements and the duration of treatments. A very rough guess was that the treatment with [REDACTED] likely started in 2011 and continued until 2014. It is unclear if there were other treatment efforts before his work with [REDACTED], but it seems likely that there were because rarely would someone start psychological treatment 6 years after an injury. The distinction between an E & M visit and a therapy session is unclear. These two treatment modalities are not distinct enough in psychological treatment. Therefore, the request of four (4) follow up office visits are not medically necessary and appropriate.