

Case Number:	CM14-0074988		
Date Assigned:	07/16/2014	Date of Injury:	09/25/2013
Decision Date:	09/16/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/22/2014

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 Occupational Medicine 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 made available for review, this is a 59-year-old female with a 9/25/13 date of injury. At the time (4/14/14) of request for authorization for CBT cognitive behavioral therapy 6 sessions over the next 3 mos as needed and Biofeedback 6 sessions for the next 3 mos as needed, there is documentation of subjective (difficulty of sleeping, agitation, and neck muscle tension and pain) and objective (post-traumatic reactions to fear, anxiety, phobic like aversions to reminders, attention/concentration deficits, and exaggerated startle response) findings, current diagnoses (post-traumatic stress disorder and single episode major depressive disorder), and treatment to date (medications, acupuncture, and 6 previous Cognitive therapy treatments with 6 Biofeedback sessions). Medical report identifies that Cognitive therapy with Biofeedback improved the patient's social functioning and increased activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT cognitive behavioral therapy 6 sessions over the next 3 mos as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT Page(s): 45. Decision based on Non-MTUS Citation Official Disability Guidelines, CBT chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of post-traumatic stress disorder and single episode major depressive disorder. In addition, there is documentation of previous Cognitive behavioral therapy treatments. Furthermore, given documentation that Cognitive therapy improved the patient's social functioning and increased activities of daily living, there is documentation of evidence of objective functional improvement. However, the requested 6 sessions, in addition to the treatments already completed, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for CBT cognitive behavioral therapy 6 sessions over the next 3 mos as needed is not medically necessary.

Biofeedback 6 sessions for the next 3 mos as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation; Biofeedback Page(s): 100-102; 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress; Pain, Psychological Evaluation; Biofeedback.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. ODG identifies documentation of chronic pain and a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach, as criteria necessary to support the medical necessity of biofeedback in conjunction with CBT. Furthermore, ODG supports an initial trial of 4 visits, and with evidence of objective functional improvement, a total of up to 6-10 visits. Within the medical information available for review, there is documentation of diagnoses of post-traumatic stress disorder and single episode major depressive disorder. In addition, there is documentation of previous Biofeedback treatments with Cognitive behavioral therapy. Furthermore, there is documentation of chronic pain and a lack of progress after 4 weeks of physical medicine. However, the requested 6 sessions, in addition to the treatments already completed, would exceed guidelines. Therefore, based on guidelines and a review of the evidence, the request for Biofeedback 6 sessions for the next 3 mos as needed is not medically necessary.