

Case Number:	CM14-0075577		
Date Assigned:	07/16/2014	Date of Injury:	11/14/2001
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 Internal 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:

Psychological consultation report dated 03-13-2014 by [REDACTED] provided a case summary. The patient is a 38-year-old woman who reports an industrial injury to her left leg, back, hips, right knee, carpal tunnel syndrome, fibromyalgia, and psyche sequelae on 11/14/01. Reporting no benefit from conservative treatment rendered, the patient has considered a knee amputation if another replacement surgery is unsuccessful. She is extremely motivated to proceed with amputation. [REDACTED] concluded that the patient's state of psychological deterioration may compromise her ability to optimize medical outcomes from treatment interventions rendered her. The patient has chronic pain syndrome with a complex spectrum of disease processes. Supported by multiple specialists involved in her case, time limited cognitive behavioral treatment is necessary for the patient to re-establish recovery behaviors as well as to develop new skills in maintaining a realistic perspective regarding her functional limitations, while also adhering more consistently to appropriate activity levels and a pain management regimen. The patient's complaints included passive suicidal ideation, depression, mood changes, crying spells, feelings of helplessness and hopelessness, withdrawal from family and friends, loss of interest in her usual activities, irritability, guilt, sexual problems, anxiety, worry, obsessions, memory problems, severely disturbed sleep, insomnia, daytime exhaustion and fatigue. Physical complaints included chronic pain in her left knee, left leg, bilateral feet, right knee, bilateral hips, entire back, bilateral arms and hands, neck, and migraine headaches. Relying on a scooter and her husband for assistance in daily hygiene and household responsibilities, she reports spending most of her time lying in bed. Medications included Seroquel, Ambien, Doxepin, Cymbalta, Percocet 10/325 mg, Fentora (Fentanyl), Keppra, Celebrex, Lyrica. Mental status examination findings included depressed, sad, and anxious mood. Objective factors were documented. Orthopedic specialists documented an industrially related pain disability and a failure to restore

function. Objective factors of psychological impairment include unstable mood, anxiety, depression, anger, reduced frustration tolerance, fatigue, concentration, distractibility, and exacerbated personality traits impacting mental and emotional capacities, with social discord, avoidance, and diminished capacity to gain satisfaction (as evidenced by medical records and current psychological examination). Regarding her work status, the patient is temporarily totally disabled on a psychiatric basis. Diagnoses included mood disorder, pain disorder, sleep disorder, insomnia. Psychosocial stressors are severe and include loss of self-esteem, loss of income, loss of ability to work pain free and loss of self-confidence, loss of daily functionality, and loss of ability to function as a parent to her daughter. Treatment recommendations included an initial trial of six individual cognitive behavioral therapy sessions and six biofeedback sessions. The goals of treatment were mood stabilization; teach non-medication strategies to reduce somatization tendencies; teach cognitive behavioral skills to assist with increasing concentration, ADLs (activities of daily living), daytime functioning, pacing and persistence; challenge illness maintaining beliefs and develop a relapse prevention plan that is non-medication related and maintains personal accountability for improved function. An initial trial of six individual cognitive behavioral therapy sessions and six biofeedback sessions were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Session of biofeedback and cognitive Behavioral Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official disability guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Psychological evaluations Biofeedback Page(s): 23 100-102 24-25. Decision based on Non-MTUS Citation Mental Illness & Stress Cognitive therapy for depression.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment, behavioral interventions, and biofeedback. Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy (CBT) and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Biofeedback is recommended as an option in a cognitive behavioral therapy (CBT). Biofeedback may be approved if it facilitates entry into a CBT treatment program. The potential benefits of biofeedback include pain reduction because the patient may gain a feeling that he is in control and pain is a manageable

symptom. Official Disability Guidelines (ODG) state that cognitive behavioral therapy (CBT) for depression is recommended. An initial trial of 6 visits over 6 weeks are ODG guidelines. Cognitive behavioral therapy for panic disorder is recommended. The overwhelmingly effective psychotherapy treatment for panic disorder is cognitive behavioral therapy (CBT). CBT produced rapid reduction in panic symptoms. Typically, CBT is provided over 12-14 sessions, conducted on a weekly basis. Psychological consultation report dated 03-13-2014 documented in detail significant psychological pathology and problems. Treatment recommendations included an initial trial of six individual cognitive behavioral therapy sessions and six biofeedback sessions. MTUS guidelines recommend psychological evaluation and treatment, behavioral interventions, biofeedback, and cognitive behavioral therapy (CBT). ODG guidelines recommend an initial trial of 6 visits. The request for an initial trial of six individual cognitive behavioral therapy sessions and six biofeedback sessions is supported by the medical records and MTUS and ODG guidelines. Therefore, the request for 6 Session of biofeedback and cognitive Behavioral Therapy is medically necessary.