

Case Number:	CM14-0096433		
Date Assigned:	07/28/2014	Date of Injury:	01/11/2011
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/24/2014

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 Texas. 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 63-year-old male who reported an injury on 01/11/2011 due to slipping on a floor that had liquid on it for stripping a floor and landing on his left knee. Diagnoses were major depressive disorder, severe; pain disorder with psychological factors and medical factors/anxiety based; and knee pain. Past treatment has been 32 sessions of psychotherapy. Diagnostic studies were not submitted. Past surgeries were for kidney stones and total left knee replacement. The injured worker continued to experience significant symptoms of both anxiety and depression. He reported feelings of anxiety and despair and continued to have difficulty with sleep. The injured worker reported that his connection to his social support system and his relationship with his wife continued to improve. He stated that he is finding more enjoyment in social outings. The injured worker also reported a reduction in pain medications. He stated that prior to treatment, he was taking tramadol twice a day every day, and now he only takes it when needed about once every 2 days. The injured worker rated his pain at a 4/5, with a reduction of 4 points since the beginning of treatment in 10/2013. He scored a 38 on the Beck Anxiety Inventory, and a 32 on the Beck Depression Inventory. These scores show improvement in the injured worker's anxiety and depressive disorder. Medications were Norco 10/325 mg, Voltaren 1% transdermal gel, and tramadol. Treatment plan was for continuation of additional psychotherapy, cognitive therapy, and biofeedback x10. The rationale was not submitted. The request for authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Cognitive Therapy for Depression.

Decision rationale: The California ACOEM states specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. Some mental illnesses are chronic conditions, so establishing a good working relationship with the patient may facilitate a referral or the return to work process. Treating specific psychiatric diagnoses are described in other practice guidelines in text. It is recognized that primary care physicians and other non-psychological specialist commonly deal with and try to treat psychiatric conditions. The injured worker had already had 32 sessions of psychotherapy with documented improvement. The injured worker does not have a diagnosis of post-traumatic stress disorder, which would enable him up to 50 sessions if progress was being made. Therefore, the request is not medically necessary.

Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Cognitive Therapy for Depression.

Decision rationale: The California ACOEM states the fundamental cognitive therapy program is the premise that the individual plays an important role in how he or she perceives or modifies his or her situation. Cognitive therapy can be problem focused with strategies intended to help alter the perception of stress, or emotion focused with strategies intended to alter the individual's response to stress. Familiarity and fluency with the many cognitive theories, therapies, and techniques is beyond most physicians set of skills without specialized training. Studies on the effectiveness of cognitive therapy performed by psychologist exists, but studies evaluating attenuated cognitive techniques have not been done. Increasing self awareness and helping the individual find a way to refrain the stimulus or respond differently is common to many cognitive techniques. Clarifying values may be helpful for patients who feel torn between roles and responsibilities. In a brief relationship with the patient, it is usually more useful to help him or her consider alternative thinking, behaviors, and plans to confront dysfunctional thinking. The injured worker has had 32 sessions of psychotherapy, cognitive behavioral therapy, and biofeedback. He has reported improvements in various aspects of his life, including reduced pain and reduction of pain medication. The Official Disability Guidelines state up to 13 to 20

visits over 7 to 20 week period (individual sessions), if progress is being made. In cases of severe major depression or post-traumatic stress disorder, up to 50 sessions if progress is being made and supported by documentation. The injured worker has reported a reduction in the pain medication intake. He has also recently started antidepressant therapy where the medication was not reported. The medical necessity for additional visits was not established. Therefore, the request is not medically necessary.

Biofeedback times 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Biofeedback Therapy.

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

Decision rationale: The California Medical Treatment Utilization Schedule states biofeedback is not recommended as a stand alone treatment, but recommended as an option in a cognitive behavioral therapy 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 he is in control and pain is a manageable symptom. Biofeedback techniques are likely to use surface EMG feedback so the patient learns to control the degree of muscle contraction. The medical guidelines state screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self discipline. Initial therapy for these at risk patients should be physical medicine, exercise instruction, using a cognitive motivational approach to physical therapy. There should be an initial trial of 3 to 4 psychotherapy visits over a 2 week period with evidence of objective functional improvement, total of up to 6 to 10 visits over 5 to 6 weeks, patients may continue biofeedback exercises at home. The injured worker has had 32 sessions of therapy. The guidelines state for patients to continue biofeedback exercises at home. The injured worker has reported improvement in the pain, medication reduction, and improvement in his relationships. The medical necessity for biofeedback times 10 was not established. Therefore, the request is not medically necessary.