

Case Number:	CM14-0098522		
Date Assigned:	07/28/2014	Date of Injury:	03/11/2010
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/26/2014

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 Clinical 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 that were provided for this independent medical review, this patient is a 44 year old male who reported an industrial/occupational work-related injury on March 11, 2010. On that date he was engaged in his normal work duties for [REDACTED], when he was purchasing supplies at [REDACTED] and was hit by a car while walking, he landed on his buttock and back. He sustained multiple injuries including headache with post-concussion like symptoms, neck pain radiating pain to his fingers, left chest, left shoulder, left side of the body numbness, mid and low back pain with leg numbness and left hip pain. He has had numerous surgical and conventional medical treatments including the spinal cord fusion (from an injury that occurred in 1996) and spinal cord stimulator placement. Psychologically, he reports symptoms of suicidal ideation, depression, hopelessness, and anxiety. There is social isolation impairments and coping and mood activities of daily living and exacerbates his pain complaints/medical problems. He has been diagnosed major depression, single episode; pain disorder with physical and psychological features. According to a utilization review treatment appeal letter June 2014 the patient has had extensive cognitive behavioral therapy and biofeedback in the past, and found the sessions to be beneficial. A comprehensive psychological evaluation from November of 2012 described his level of depression as profound and that his usual mood is depressed and despondent with preoccupation regarding his physical condition, hopelessness, and pervasive feelings of suicidal ideation. He feels inadequate in his ability to maintain his family and care for his shoulder and that has a strong support system. There is irritability and anger especially when his pain is very bad he yells at his family. He typically stays in bed 23 hours a day due to the pain. He recently had a series of 12 sessions of cognitive behavioral therapy and four sessions of biofeedback and these resulted in fewer symptoms of suicidal ideation and a better capacity to cope with his pain these resulted in improved function.

This note goes on to state that without treatment the patient is that serious suicide risk, prolonged utilization of expensive treatments and requiring a higher level of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Cognitive behavioral therapy sessions: Overturned

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

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

Decision rationale: According to the utilization review rationale for non-certification, with respect to the cognitive behavioral therapy treatment request, the quantity of sessions requested exceeds the maximum number allowed under the guidelines. The progress notes suggest that the patient has already had at a minimum eighteen sessions of cognitive behavioral therapy. According to the ODG guidelines if patients are making progress, 13-20 visits may be offered. This request for 12 sessions would bring his total to 30 and that is only with respect to the number of sessions that were easily documented and not accounting for prior years or prior treatment episodes. In some extreme cases of severe major depression, (June 2014 update) additional sessions up to 50 may be provided, if progress is being made. A request was made with respect to this independent medical review requesting the number of sessions that the patient has received to date. In response this statement was made that he has had extensive treatment without specifying the number. The medical records did not clearly reveal how much treatment he has had. It is important because if he is had less than 50, more sessions can be provided. This patient clearly meets the criteria for a diagnosis of severe major depression and should be accorded the maximum number of sessions that can be provided according to the guidelines. Although he likely has exceeded the maximum guidelines, and the utilization review rationale was correct in noting this. However there have been documented improvements in his mental condition that have resulted from treatment, although they are not functional improvements they are more mental and psychologically based. The records reflect that the treatments are helping him to be less suicidal, less depressed, better coping with his chronic pain condition. Because he is had extensive but unspecified quantity of treatment, these additional sessions should be considered to be the end of this current psychological treatment episode and can be used to slowly wind it down in a manner that allows for a more gradual process, and hopefully encouraging and motivating him to spend more time out of the bed. Therefore the request is medically necessary.

6 biofeedback sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Mental Illness and Stress Chapter, Biofeedback.

Decision rationale: According to the MTUS patients should be considered for biofeedback referral in conjunction with cognitive behavioral therapy. An initial trial of 3 to 4 visits over two weeks and with evidence of functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks of individual sessions and then after that patients may continue biofeedback exercises at home. After spending a very extensive time reviewing this patient's medical chart I was unable to find information with regards to his prior biofeedback treatment. Patients are allowed 10 visits and because she is had such extensive treatment in the past it is likely that he is already had that missing were any detailed notes from biofeedback sessions that state that his response to those sessions were. There was good documentation for cognitive behavioral therapy but I found no mention of his biofeedback treatment. Without adequate documentation that the patient has had less than 10 sessions and that he was making improvements on the one city did have and not able to return this request either. Is it not to say that the patient does not require additional psychological treatment, he very likely does, only that he is seemingly exhausted the maximum amount that can be allowed for this current treatment episode under the official disability guidelines and MTUS guidelines.