

Case Number:	CM14-0187950		
Date Assigned:	11/18/2014	Date of Injury:	07/17/2014
Decision Date:	01/06/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/11/2014

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 licensed 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, this patient is a 25 year old male who reported a work-related injury that occurred during the normal course of his employment duties on July 17, 2014. The injury reportedly occurred while he was working in the shipping department at a target distribution center and complained of stress and anxiety. He reports workplace discrimination and harassment. There are medical claims for injuries including hands, shoulders and feet and he ended up having carpal tunnel surgery. He reports as a result of workplace harassment poor sleep only 2 or 3 hours per night with episodes of palpitations, shortness of breath, and headache. According to a psychiatric evaluation July 2014 he has been diagnosed with the following disorder: Adjustment Disorder with anxiety and depression. He has been prescribed Celexa 10 mg to be increased to 20 mg, an additional medication of Xanax to be considered if there is panic attack. It was recommended that he participate in psychological counseling once a week for 8 weeks. He underwent a comprehensive psychological evaluation on August 2014 and was found to have the following psychological diagnoses: Major Depression, Moderate; Anxiety Disorder Not Otherwise Specified. The patient started cognitive behavioral therapy on September 4, 2014. Treatment progress notes for 3 sessions of individual cognitive behavioral therapy were found and reviewed; these reflect the patient having symptoms of anxiety and post-traumatic stress disorder (PTSD) according to the therapist. The therapy consisted primarily of reviewing the patient's situation of perceived discrimination/harassment at work. There was no mention of objective functional improvements as a result of the treatment sessions. Requests were made for biofeedback therapy and for cognitive behavioral therapy 6-10 visits once per week over a 5 to 6 week period. These requests were modified by utilization review to allow for 4 visits each. An additional request for follow-up visits (unspecified quantity) was made, this was non-certified without modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy 6-10 visits once a week over 5-6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral Interventions, Biofeedback Page(s): 24-25.

Decision rationale: According to the MTUS treatment guidelines for biofeedback it is not recommended as a stand-alone treatment but is recommended as an option within a cognitive behavioral therapy program to facilitate exercise therapy and returned to activity. A biofeedback referral in conjunction with cognitive behavioral therapy after four weeks can be considered. An initial trial of 3 to 4 psychotherapy visits over two weeks is recommended at first and if there is evidence of objective functional improvement a total of up to 6 to 10 visits over a 5 to 6 week period of individual sessions may be offered. After completion of the initial trial of treatment and if medically necessary, the additional sessions up to 10 maximum, the patient may "continue biofeedback exercises at home" independently. With regards to this request, although there were several cognitive behavioral therapy session progress notes, there were no treatment records specifically regarding his past biofeedback treatments. There were no biometric measures before and after treatment nor were there any indication of which treatment modalities in biofeedback were being used (for example GSR, EMG, or temperature training). There was no information about the patient's response to his biofeedback treatment. It is unclear if he was being taught to use the biofeedback exercises independently at home and if so was he successful in doing so. There was no discussion of the patient benefiting from biofeedback treatment or any indication of how deep of relaxation state he was able to achieve. Individual session data was not provided with respect to biometric information. Due to lack of information supporting the request for additional sessions, this request is not medically necessary.

Cognitive Behavioral Therapy 6-10 visits once a week over 5-6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Cognitive Behavioral Therapy, Psychotherapy Guidelines, NOV 2014 Update

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommended consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/objective functional improvements. Guidance for additional sessions is

a total of up to 6-10 visits over a 5 to 6 week period of individual sessions. The official disability guidelines (ODG) allow a more extended treatment up to 13-20 visits over a 7-20 weeks (individual sessions) if progress is being made. The provider should evaluate symptom improvement during the process so that treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. With respect to the current requested treatment, the medical necessity of the request was not established by the documentation provided. The request for 6-10 sessions of therapy was modified the utilization review to allow for 4 additional sessions. The documentation included for this review consisted of 3 treatment progress notes. This appears to be the number of sessions that the patient has been provided, but it was not clearly stated if this is correct. The treatment progress notes that were included for consideration discussed the patient's experiences at work that created an environment of perceived stress and harassment. However there was no indication of cognitive behavioral therapy techniques being utilized nor there was indication of patient benefiting significantly from the sessions. It was unclear how cognitive behavioral approaches were being applied. No treatment plan was provided with specific goals and reasonably estimated dates of anticipated accomplishment. Treatment techniques used were not discussed in terms of efficacy. Psychological treatment is contingent upon not only the patient having significant psychological symptomology. However, the patient making substantive gains from the treatment in terms of objective functional capacity, often defined as increased activities of daily living, decreased work restrictions if applicable, and a decrease in dependency on future medical care. The patient appears to have completed an initial treatment trial as described above in the guidelines for cognitive behavioral therapy. The patient does not appear to have exceeded the recommended treatment guidelines for quantity or duration. However, because the medical records that were provided did not present sufficient documentation of objective functional improvement (to the extent that would be expected from an initial block of 3 to 4 sessions), this request is not medically necessary.

Follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. With respect to this patient, the request

for follow-up visits is not supported as being medically necessary. The request is unspecified in terms of quantity. All requests for psychological treatment that are submitted for IMR need to have a specific quantity of the treatment modality. Without specifying the quantity this becomes essentially a request for unlimited number of follow-up visits. While the concept of follow-up visits in general medical practices are important, the distinction between a follow-up visit and a psychotherapy session is unclear. In general, material that would be discussed in a follow-up visit would consist of the same material that would constitute any psychological treatment session. The distinction between follow-up visits and psychological treatment was not made in this request. The request for unspecified number of follow-up visits is not supported as being medically necessary. Therefore, this request is not medically necessary.