

Case Number:	CM14-0206444		
Date Assigned:	12/18/2014	Date of Injury:	10/22/1998
Decision Date:	02/11/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/09/2014

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 Psychologist (PHD, PSYD) 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 provided medical records, this patient is a 52 year old female who reported a work-related injury that occurred on October 22, 1998 while lifting a large garbage bag from its container. She is status post multiple lumbar surgeries without benefit and has also had a morphine pump placement and subsequent removal; she remains in chronic pain. According to a utilization review treatment appeal letter from her primary treating psychologist, from November 25, 2014, the patient reports that her biofeedback sessions are helping with improved feelings of relaxation and enhanced pain management and overall sense of well-being. She is noted to be "experiencing significant psychological distress including depression and anxiety due to her pain syndrome with the delayed recovery and reliance on expensive and frequent medical procedures at the expense of fully developing her independent coping capacity and moving on with her life." She has completed in total 65 sessions to date and has been diagnosed with: psychogenic pain not otherwise specified, unspecified major depression, recurrent episode, and generalized anxiety disorder. In this letter, the requested 12 sessions was modified by the provider for 6 sessions and there is a report that because of her treatment there is decreased frequency of panic attacks by 25%, increase structural activity outside of the home by 15%, increased personal hygiene and grooming, greater participation and home exercise program stretching, and regular attendance and participation in her appointments with a willingness to set and reach goals. The provider further states that although she is already had "about 65 sessions of cognitive behavioral therapy, because this patient needs a diagnosis of complex mental disorder she can have more sessions per the guideline recommendations." A request was made for 12 cognitive behavioral therapy follow-up sessions with the psychologist and 6 sessions of biofeedback, utilization review modified the request for one session of cognitive behavioral therapy follow-up and no sessions of biofeedback. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 follow-up visits with psychologist - cognitive behavioral therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Procedure Summary; Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, November 2014 update.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes: setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive functioning, and addressing comorbid mood disorders such as depression, anxiety, panic disorder, and PTSD. The identification and reinforcement of coping skills is often more useful in the treatment of chronic pain and ongoing medication or therapy which could lead to psychological or physical dependence. 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) allows for a more extended treatment. According to the ODG studies show that a 4 to 6 sessions trial should be sufficient to provide symptom improvement but functioning and quality-of-life indices do not change as markedly within a short duration of psychotherapy as do symptom-based outcome measures. ODG psychotherapy guidelines: 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Regarding the request for 12 additional sessions, the treatment provider submitted a detailed letter addressing the UR rationale for non-certification, including specific and adequate documentation of objective functional improvements that have been derived from prior sessions and a treatment plan for future sessions (still missing anticipated dates of completion and a plan for ending treatment), the letter incorrectly states that additional sessions are allowed per guidelines beyond 65 due to the level of her severity. The MTUS guidelines for cognitive behavioral therapy suggest a maximum of 10 sessions. The ODG (official disability guidelines), allow for 13-20 visits for most patients. In cases of severe Major Depression or PTSD additional sessions up to 50 can sometimes be offered if medically necessary dependent on patient making progress in treatment. This patient has already received 65 sessions and has exceeded the maximum quantity for patients with even the most severe psychological symptomology. Because the request exceeds recommended guidelines, the

medical necessity of the request was not established, and because of this the utilization review determination is upheld.

6 sessions of biofeedback: 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 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 the request for 6 additional sessions of biofeedback, the medical necessity of the request was not established by the documentation provided. The MTUS guidelines specifically state that after 10 sessions maximum that the patient should continue to practice the biofeedback procedures independently at home. The total number of sessions at the patient is already received was not clearly stated that there is evidence that she has had more than for. Because of this, the recommended total quantity of sessions has most likely already been exceeded without even accounting for the additional 6 sessions being requested. Although the patient does appear to have benefited from prior sessions there was no discussion of her using the techniques independently on her own to achieve relaxation and pain management. Because the patient is already received the maximum recommended quantity additional sessions are not determined to be medically necessary at this time. Because the medical necessity was not established the utilization decision is upheld.