

Case Number:	CM15-0004037		
Date Assigned:	01/15/2015	Date of Injury:	10/13/2014
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 60-year-old male patient reported a work-related injury on March 7, 2014; also a continuous trauma injury with the dates December 19, 2011 through October 13, 2014. The medical diagnosis includes lumbar sprain/strain, cervical sprain/strain, major depressive disorder and adjustment disorder with anxiety. He reports a chronically depressed mood since injury with low motivation and energy poor sleep and pessimism with anxiety and limited activities of daily living due to chronic pain. A request was made for bio-behavioral pain management 6-12 sessions over a 5 to 6 week period; the request was non-certified by utilization review who determined that the request included biofeedback treatment and that only an initial course of cognitive behavioral therapy without the biofeedback component was medically necessary and appropriate based on MTUS treatment guidelines noting that biofeedback is only supported after there is a failure of cognitive behavioral therapy. It was also noted that because there was no documentation of failure of traditional cognitive behavioral therapy sessions that there was no indication for the biofeedback component to be added although it was approved to allow the patient have 6 sessions of cognitive behavioral therapy. 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:

Bio behavioral pain management 6-12 sessions over 5-6 wks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment and Biofeedback Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral interventions, Cognitive Behavioral Therapy, psychotherapy guidelines. See a.

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 measurable/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. 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. 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." The patient had a comprehensive psychological evaluation that was completed on December 11, 2014 by the patient's primary treating psychologist and requesting therapist. He was diagnosed with depressive disorder not otherwise specified and adjustment disorder with mixed emotional features. A course of psychological treatment was laid out and he was properly identified as someone who may benefit from it. As best as can be determined the patient has not had any previous psychological treatment. The utilization review determination for non-certification with modification was incorrect. The decision was based on the understanding of the guidelines that it is important for there to be a treatment failure of cognitive behavioral therapy before biofeedback is started. In fact this is not the case and it is an incorrect interpretation of the guidelines. Biofeedback is clearly stated as a procedure that should not be an independent standalone procedure but should be used in the context of a cognitive behavioral treatment program. Therefore the request for 6 sessions of bio behavioral Pain management is approved and the utilization review determination is overturned.

