

Case Number:	CM15-0103452		
Date Assigned:	06/05/2015	Date of Injury:	11/24/2001
Decision Date:	07/17/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/29/2015

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:

The injured worker is a 63 year old male, who sustained an industrial injury on 11/24/2001. He has reported injury to the head. The diagnoses have included post-traumatic stress disorder; seizure disorder secondary to head injury, status post surgery; cognitive disorder; depressive disorder; right shoulder rotator cuff injury, status post surgery; bilateral knee pain; and chronic pain syndrome. Treatment to date has included medications, diagnostics, physical therapy, psychotherapy, surgical intervention, and home exercise program. Medications have included Vimpat and Onfi. A progress note from the treating provider, dated 03/26/2015, documented a follow-up visit with the injured worker. The injured worker reported fears due to head trauma and use of medication; frequent nightmares; memory loss; anxiety; difficulty concentrating; and fears of experiencing seizures during the day when out in public. Objective findings included increased functional improvements with increased self-care; increased communication; increased activities of daily living; decreased depressive symptoms; decreased anxiety symptoms; and improvement sleep. The treatment plan has included the request for psychotherapy, 6 sessions; and biofeedback, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Mental Illness & Stress Procedure Summary last updated 03/25/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 update.

Decision rationale: Citation Summary: 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: A request was made for psychotherapy, six sessions. The request was noncertified by utilization review with the following provided rationale: "claim review reveals that the claimant has completed 56 sessions since starting therapy on September 17, 2013. It is noted that the claimants prior treatment include psychotherapy, cognitive behavioral therapy, biofeedback therapy, medications, surgery, physical therapy and focused breathing, relaxation and visualization techniques...While there is noted benefit from the prior treatment, there is limited evidence that the claimant is unable to tolerate performing the learning coping skills at home and addressing the residual complaints. Given the total number of sessions completed to date, the claimant is expected to be independent with a home exercise program to manage the residual complaints." This IMR will address a request to overturn the utilization review non-certification decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements.

The request for additional psychotherapy (six sessions) exceeds the maximum recommended quantity of treatment sessions per official disability guidelines, which state that typical patients should receive a maximum course of treatment consisting of 13 to 20 sessions with documentation of patient benefited including objectively measured functional improvement. In cases of severe major depressive disorder and PTSD up to a maximum of 50 sessions can be offered contingent upon documentation of medical necessity, patient progress and objectively measured financial improvement. Although the patient does remain symptomatic and has benefited from prior treatment is course of psychological treatment has already surpassed the maximum quantity of sessions reserved for the most severe cases of psychological disorders. For this reason, the request for further treatment is not medically necessary per official disability guidelines. Therefore the utilization review determination of non-certification is upheld.

Biofeedback, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: 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. The request for additional biofeedback treatment is not indicated is medically necessary per MTUS/official disability guidelines. The guidelines recommend that biofeedback not be used as an independent treatment modality but only within the context of a cognitive behavioral treatment program. At this juncture additional cognitive behavioral/psychotherapy treatment sessions are not authorized. In addition, it appears very likely that the patient has received already the maximum quantity of sessions recommended by the MTUS guidelines, which specify that patients should receive 6 to 10 sessions maximum with documentation of objectively measured functional improvement and that subsequent to the 10 sessions should be able to utilize the techniques independently at home. It is not completely clear how many sessions of biofeedback the patient has received on the date of his injury through the date of the requested treatment, however it appears likely that this request for 6 additional sessions would exceed the MTUS maximum of 10 sessions. For this reason the request is not medically necessary and the utilization review determination for non-certification is upheld.