MAXIMUS Federal Services

Case Number:	CM15-0138110		
Date Assigned:	07/28/2015	Date of Injury:	04/07/2006
Decision Date:	08/28/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 7, 2006. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for biofeedback, cognitive behavioral therapy, and four follow-up visits. A June 20, 2015 order form, June 26, 2015 RFA form, and June 17, 2015 psychiatry note were referenced in the determination. The claims administrator suggested that the applicant had had prior unspecified amounts of biofeedback over the course of the claim. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed spine surgery. The applicant completed six weeks of massage therapy treatments, it was reported. The applicant was using Xanax, Oxycodone, Effexor, naproxen, Robaxin, and Desyrel, it was reported. The applicant was using both marijuana and tobacco, it was further noted. The attending provider stated that the applicant had developed significant depressive symptoms associated with her chronic pain. The applicant had a pending follow-up visit with her spine surgeon, it was reported. The attending provider stated that the applicant's depression and anxiety would continue to require treatment. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. In a June 27, 2015 RFA form, biofeedback, transportation, cognitive behavioral therapy, and multiple psychology follow-up visits were sought. In associated progress note dated June 20, 2015, the applicant reported heightened pain complaints, sleep disturbance, appetite changes, and loss of pleasure in otherwise pleasurable activities. The applicant reported feeling quite anxious. The applicant had developed occupational and financial problems owing to her depression and anxiety, it was reported, suggesting that the applicant was not working. It was stated that the applicant was using Oxycodone, naproxen, Robaxin, Effexor, and Alprazolam.

The applicant exhibited visible anxiety in the clinic. Biofeedback and cognitive behavioral therapy were sought. In a separate RFA form dated June 15, 2015, abilify was endorsed for reported bipolar disorder. In an April 22, 2015 office visit, it was acknowledged that the applicant was unemployed and using marijuana. The applicant had attempted suicide in 2012, it was reported. The applicant reported anxiety, depression, anger, and mood disturbance on this date.

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 ACOEM Chapter 15 Stress Related Conditions Page(s): 400, Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: No, the request for six sessions of biofeedback was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 400 does acknowledge that biofeedback can be employed as a relaxation method to empower individuals to self-regulate physiologic responses and while page 24 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that biofeedback can be employed as an option in conjunction with cognitive behavioral therapy to facilitate return to activity, both recommendations are qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remained off of work, despite receipt of earlier unspecified amounts of psychotherapy and/or cognitive behavioral therapy over the course of the claim. The applicant was described as unemployed on office visit of April 22, 2015. The applicant continued to report issues with mood disturbance, feelings of worthlessness, anger, anxiety, mood swings, etc. The applicant remained dependent on a variety of analgesic, adjuvant, and psychotropic medications, including Xanax, Desyrel, Effexor, Robaxin, naproxen, Oxycodone, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite receipt of earlier psychotherapy modalities, including biofeedback, over the course of the claim. Therefore, the request was not medically necessary.

Cognitive behavioral therapy (CBT) 6-10 visits, once weekly 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 ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: Similarly, the request for 6-10 sessions of cognitive behavioral therapy was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 398, applicants with more serious mental health

conditions may need referral to a psychiatrist for medicine therapy, while applicants with work stress and person-job fit may be handled effectively with talk therapy through a psychologist. Here, however, the applicant had fairly pronounced psychiatric symptoms. The applicant was described as having a "guarded" psychiatric prognosis on June 20, 2015. The applicant was using multiple different psychotropic medications, including Xanax, Desyrel, Effexor, etc. The applicant's Global Assessment of Functioning (GAF) was 54 on June 20, 2015. An earlier progress note of April 22, 2015 suggested that the applicant had attempted suicide in the remote pass, in 2012. All of the foregoing, taken together, taken together, suggested that the applicant's mental health issues were in fact, more serious mental health issues which required medicine therapy through a psychiatrist as opposed to talk therapy or cognitive behavioral therapy through a psychologist. The request in question, furthermore, was framed as a renewal or extension request for cognitive behavioral therapy. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does support 6-10 sessions of cognitive behavioral therapy with objective findings of functional improvement, here, however, there was no evidence that the applicant had in fact profited from earlier cognitive behavioral therapy. The applicant remained off of work, it was acknowledged on April 22, 2015. The applicant was unemployed, it was reported on that date. The applicant continued to have mood swings, anxiety, depression, tearfulness, etc., present. The applicant had issues with substance abuse and was apparently using marijuana, it was reported on multiple office visits, referenced above, including that of April 22, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite receipt of earlier unspecified amounts of cognitive behavioral therapy over the course of the claim. Therefore, the request was not medically necessary.

Follow up office visit x 4 (once per six to eight weeks over course of 6 months): 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): 398.

Decision rationale: No, the request for four follow-up office visits was not medically necessary, medically appropriate, or indicated here. The requesting provider's RFA form of June 22, 2015 stated that the follow-up visits represented follow-up visits with the applicant's psychologist. However, the MTUS Guideline in ACOEM Chapter 15, page 398 stipulates that applicants with more serious mental health conditions may need referral to a psychiatrist for medication therapy, while applicants with issues regarding work stress and person-job fit may be handled effectively with talk therapy through a psychologist. Here, the applicant, as note previously, had fairly pronounced mental health issues. The applicant was described as having a guarded mental health prognosis on June 20, 2015. The applicant was using three different psychotropic medications, Effexor, Desyrel, and Xanax. The applicant's Global Assessment of Functioning (GAF) was 54 on June 20, 2015. A separate RFA form of June 15, 2015 suggested that the applicant could possibly be using a fourth psychotropic medication, abilify. The applicant also had issues with substance abuse with marijuana, it was reported on April 22, 2015. All of the foregoing, taken together, suggested that the applicant's mental health issues were more serious issues better-addressed by a psychiatrist than via further follow-up visits with the applicant's psychologist, as suggested in the MTUS Guideline in ACOEM Chapter 15, page 398. Therefore, the request was not medically necessary.