

Case Number:	CM15-0143501		
Date Assigned:	08/04/2015	Date of Injury:	04/18/2012
Decision Date:	09/02/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/23/2015

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 41 year old male who sustained an industrial injury on 4-18-12 when he fell off a three foot high table impacting his left shoulder. He experienced an immediate onset of pain in the left shoulder, cervical and lumbar spine. He was medically evaluated, given medications and he did not miss work. He was then injured 11-6-12 when he slipped and fell and experienced sudden onset of right shoulder and increased low back pain. He was medically evaluated given physical therapy and had right shoulder surgery due to persistent pain (7-9-13) which was beneficial. He currently complains of persistent right shoulder pain with a pain level of 3-4 out of 10; persistent bilateral cervical pain with radiation to bilateral arms and a pain level of 2-4 out of 10; persistent, constant bilateral lumbar pain with radiation into the left leg as far as the foot with a pain level of 4-8 out of 10. He has sleep disturbances due to pain. He feels sad and anxious with low self-esteem and decreased interest in social activities, difficulty with memory, focus and concentration. His main limitation regarding activities of daily living is his inability to work, difficulty walking, lifting and caring for his children. On physical exam there was tenderness on palpation of the lumbar spine and right shoulder. Medications were Ambien, Terocin patch, Tylenol Extra strength, gabapentin, Lidopro. Diagnoses include right shoulder surgery (7-9-12); arthropathy, not otherwise specified; lumbar disc displacement without myelopathy; cervicgia; dermatitis; chronic pain syndrome; sleep disturbance; generalized anxiety; depression. Treatments to date include medications; physical therapy; right shoulder injection which was beneficial; massage therapy; chiropractic treatments; transcutaneous electrical nerve stimulator unit. Diagnostics include x-ray of the left shoulder (4-20-12) showing chronic findings and no fracture; x-rays of the lumbar, cervical and thoracic spine from 4-20-25-12) show degenerative changes. In the progress note dated 6-22-15 the treating provider's

plan of care requests cognitive behavioral therapy to increase coping with symptoms of depression, anxiety and the effects of chronic pain; biofeedback training to provide behavioral skills to manage anxiety, autonomic arousal, sustained muscular contractions, chronic pain and sleep disturbances.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy sessions QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

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 Official Disability Guidelines (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. A request was made for 6 sessions of cognitive behavioral therapy 6 sessions of biofeedback; the request was modified by utilization review to allow for 3 sessions of each. Utilization provided the following rationale for its decision: "there is an adequate summary of the psychological findings and stated he is having a significant increase in his ability to cope with pain; a trial of 3 visits of cognitive behavioral therapy and biofeedback supported this time to help not deteriorate further; must be improvement shown in the psyche report submitted to support research treatment outcomes." This IMR will address a request to overturn that decision all 6 sessions. The patient pleaded a psychological evaluation on June 22, 2015; the results of the evaluation identified him as appropriate candidates for psychological treatment and provided the following diagnosis: Generalized Anxiety Disorder; Depressive Disorder, not otherwise specified; Pain Disorder associated with both Psychological Factors and a general

Medical Condition, chronic. Medical necessity and appropriateness psychological treatment for this patient at this juncture has been adequately established. The issue here is that the MTUS guidelines as well as the Official Disability Guidelines recommend an initial brief course of psychological treatment consisting of 3 to 4 sessions (MTUS) and up to 4-6 sessions (ODG). Utilization review modified the request to 3 sessions for this reason. After completion of initial brief treatment trial additional sessions, according to the official disability guidelines can be recommended if medically appropriate necessary 13 to 20 sessions maximum for this patient. In this case, the presentation is not significant enough a psychological perspective the overturning of utilization review decision to allow for an extended or more lengthy initial treatment trial per the ODG, thus the utilization review decision is not medically necessary.

Biofeedback sessions QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Pages 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. Decision: A request was made for 6 sessions of cognitive behavioral therapy 6 sessions of biofeedback; the request was modified by utilization review to allow for 3 sessions of each. Utilization provided the following rationale for its decision: "there is an adequate summary of the psychological findings and stated he is having a significant increase in his ability to cope with pain; a trial of 3 visits of cognitive behavioral therapy and biofeedback supported this time to help not deteriorate further; must be improvement shown in the psyche report submitted to support research treatment outcomes." This IMR will address a request to overturn that decision all 6 sessions. Although there is not a similar requirement for biofeedback treatment in terms of an initial brief treatment trial given that the guidelines recommend only 10 sessions for a course of treatment of biofeedback, the treatment guidelines do state that biofeedback should not be provided as a stand-alone treatment modality and should be applied in the context of a broader course of psychological treatment. Therefore, modification of this request in the absence of a modification of the above request is not appropriate, and more determined medically necessary per industrial guidelines and therefore the utilization review decision is not medically necessary.