

Case Number:	CM15-0164305		
Date Assigned:	09/01/2015	Date of Injury:	09/06/2012
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/21/2015

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 50-year-old female, who sustained an industrial injury on September 6, 2012. The injured worker was diagnosed as having depressive disorder and anxiety. Treatment to date has included medication, physical therapy. A progress note dated July 20, 2015 provides the injured worker complains of neck, shoulders, hands, and wrists. She reports sleep disturbance, and psychological distress including sexual problems, appetite changes, social isolation, sadness, feeling hopeless, anxiety, memory difficulty, irritability, and worry. Physical exam notes a dysphoric affect. She is alert with appropriate thought and memory. Psychological assessment scores were significantly above average. The plan includes psychological treatment, biofeedback and psychiatrist consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological treatment 6 sessions: Upheld

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

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: 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. Six sessions of psychological treatment were requested, the request be modified by utilization review to allow for 4 sessions with the remaining two sessions non-certified. This IRM is a request to overturn the UR decision for modification and to authorize all six of the requested sessions. On July 20, 2015, the patient had an initial pain management psychological evaluation. The reason for the evaluation is to the psychological sequel from industrial injury including symptoms of anxiety, worry, frustration, social isolation, sleep problems, sadness, and hopelessness. She was diagnosed with: Depressive Disorder not otherwise specified; Anxiety Disorder not otherwise specified. Cognitive behavioral therapy and biofeedback treatment 6 sessions each and referral to a psychiatrist was recommended. According to a psychiatric evaluation that was signed on August 17, 2015, it was noted that: "On or about July 15 she consulted with the psychologist. She states that she received individual and group therapy, she is still receiving therapy. She reports having improvement of her condition with the treatment provided." 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. It appears from the medical records that the patient has already started her psychological treatment and this request for 6 sessions is a request for additional sessions after

the initial treatment trial was provided. However, it is not entirely clear that this is accurate as this may be a response to the original request for 6 sessions at the start of treatment that was modified by utilization review to allow for 4 sessions. Either way, there were no medical records provided with this IMR regarding prior psychological treatment. If this request is regarding the initial brief treatment trial, the MTUS guidelines recommend 3 to 4 sessions as an initial brief treatment trial in order to determine patient response to treatment and be able to identify patients who do not respond prior to the authorization of additional sessions and a full course of psychological treatment. If this request, as it seems most likely, is a request for additional sessions after the brief initial treatment trial, no psychological treatment records were provided to support the request. A copy of the initial psychological evaluation was conducted was provided. The absence of documentation regarding the patient's response after initial treatment sessions have been provided the medical necessity of this request was not established in the utilization review decision for modification to authorize 4 sessions is upheld. This is not to say that the patient does, or does not, need psychological treatment, only that the medical necessity of the request is not established due to a lack of documentation of objectively measured functional improvement because of prior psychological treatment sessions. This request is not medically necessary.

Biofeedback 6 sessions: Upheld

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

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 Biofeedback treatment 6 sessions, the request was modified by utilization review with the following provided rationale for its decision: "4 sessions of biofeedback in conjunction with cognitive behavioral therapy are medically necessary to help the claimant cope with the psychological symptoms of anxiety and depression. The CBT can be incorporated as part of the biofeedback. Therefore biofeedback 6 sessions is not medically necessary, however 4 sessions of biofeedback is medically necessary." This IMR will address a request to overturn the UR decision. As was mentioned above in the discussion of the request for 6 psychological sessions, the medical necessity of this request also is not established by the provided documentation due to insufficient information provided regarding the completion of any previous sessions. Therefore, the utilization review determination of non-certification is upheld. This request is not medically necessary.

