MAXIMUS Federal Services

Case Number:	CM15-0187464		
Date Assigned:	09/29/2015	Date of Injury:	05/31/2012
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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 61 year old male with a date of injury on 05-31-2012. The injured worker is undergoing treatment for major depressive disorder-single episode-unspecified, generalized anxiety disorder, and psychological factors affecting medical condition. A physician progress note dated 07-14-2015 documents the injured worker reports improvement in his social functioning. He has been better able to get along with others, and feels comfortable discussing his problems at this office. He has become less emotionally withdrawn and insecure with increased self-esteem. He has become less guarded, mistrustful, suspicious, impatient and short-tempered. There has been an increased interest in daily activities such as brushing his teeth, combing his hair, and shaving, bathing regularly, dressing appropriately and working around his home. His sleep disturbances have improved with better sleep due to a reduction in depression with fewer nightmares resulting in less tiredness during the day. He learned the importance of not bottling feelings up causing intense anger. He has been able to concentrate enough to read, follow a movie or watch a TV show. The treatment has helped him with his energy level enough to spend more quality time with his family. He learned to channel his energy for more productions. Despite this psychological improvement, he has remained symptomatic with residual requiring further treatment to address his continuing symptom of depression, anxiety and stress intensified neck-shoulder-back tension and pain. A request for authorization dated 04-20-2015 is requesting the medications, Ambien, Buspar, Wellbutrin and Xanax and diagnoses were major depressive disorder-single episode-unspecified, generalized anxiety disorder, and psychological factors affecting medical condition. In a physician note dated 06-10-2013

documents the injured worker was diagnosed with anxiety, depression, and post-traumatic stress and was given biofeedback therapy and medications. Treatment to date has included diagnostic studies, medications, physical therapy, cognitive therapy and biofeedback therapy. He was initially evaluated and tested by a psychologist on 11-20-2012. On 08-26-2015 Utilization Review non-certified the request for Biofeedback Sessions and Cognitive Behavior Psychotherapy (CBT) Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Psychotherapy (CBT) Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. Decision: a request was made for cognitive behavioral psychotherapy sessions, the request was non-certified by utilization review which provided the following rationale for its decision: "there is no indication as to how many sessions have been conducted and how "less emotionally withdrawn and insecure" is part of the desired outcome. There is no indication that the patient has been assessed for psychotropic

medications for the treatment of depression and anxiety. Therefore, the medical necessity is not established in accordance with CA-MTUS guidelines." This IMR will address a request to overturn the utilization review determination. 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 medical necessity for the requested treatment was not established by the provided documentation. There is no clear indication of how many sessions are being requested. The quantity of sessions being requested was not included on the application for IMR. As it stands, the request is unspecified. Unspecified requests for psychological treatment at the IMR level are considered to be unlimited and open-ended for which the medical necessity is not established. In addition, according to a report from March 21, 2013 the patient was engaged in psychological treatment with [redacted], the current requesting provider. It is not clear how much prior psychological treatment sessions the patient has received. It appears from the medical records of the patient was referred to the requesting treatment provider as far back as October 2012 and started to received a psychological treatment around that time. This information is essential in order to determine whether or not the request for additional psychological treatment sessions is consistent with industrial guidelines for psychological treatment. It appears likely given the date that the patient appears to started psychological treatment that he has exceeded the industrial guidelines for this treatment modality although this could not be determined definitively. According to a special report on the request for further cognitive behavioral therapy July 14, 2015 it is mentioned that the reader should refer back to a comprehensive report dated May 31, 2013 further indicating an extensive course of psychological treatment has already been provided. Detailed information regarding patient benefit from prior treatment sessions was included in this treatment summary. This report indicates that the patient has been driving benefit from treatment. For these reasons the requested treatment is not medically necessary and utilization review decision is upheld.

Biofeedback Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Biofeedback Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback, Behavioral interventions.

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 sessions; the request was non-certified by utilization review which provided the following rationale for its decision: "Based on the clinical information provided, the request for biofeedback sessions is not recommended as medically necessary. There is no indication of what is going to be treated and what treatment modalities are being considered." This IMR will address a request to overturn the utilization review decision. The medical records do not support the request for additional biofeedback treatment. The request itself is nonspecific with regards to quantity being requested. All psychological treatment requests need to specify the quantity of sessions being requested. In addition, the California MTUS guidelines recommend a course of biofeedback treatment consisting of 6 to 10 sessions. It appears the patient has been receiving biofeedback treatment. Is not known how many sessions he has received. It appears likely that based on the start date of his psychological treatment that he is already exceeded the recommended 10 sessions. The medical records do not provide detailed information regarding the patient's response to her biofeedback treatment. There is no specific biofeedback treatment session data in terms of biometric readings for example EMG, GSR, temperature or heart rate. For this reason the request is not medically necessary and utilization review decision is upheld.