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| Case Number: | CM15-0191181 | | |
| Date Assigned: | 10/05/2015 | Date of Injury: | 06/27/2013 |
| Decision Date: | 11/10/2015 | UR Denial Date: | 09/15/2015 |
| Priority: | Standard | Application Received: | 09/29/2015 |

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 43 year old male who sustained an industrial injury 06-27-13. A review of the medical records reveals the injured worker is undergoing treatment for post-traumatic stress disorder, depression, anxiety, complex regional pain syndrome, chronic pain, lumbar facet joint pain, fracture of right tibia, closed fracture of left medial malleolus, and low back pain. Medical records (08-27-15) reveal the injured worker reports unchanged post-traumatic stress disorder, anxiety, and depression. Over the previous month, the anxiety, depression, and post-traumatic stress disorder issues have stabilized, with decreased nightmares and panic attacks reported. Pain level has diminished from 6-7/10 to 5-6/10. The physical exam (08-27-15) is not documented. Prior treatment includes individual psychotherapy including biofeedback and cognitive behavioral therapy, right knee surgery, right leg and ankle surgery, physical therapy, hardware removal from the right ankle, medications, and an emotional support dog. The original utilization review (09-15-15) non certified the request for 6 psychotherapy sessions, 6 biofeedback sessions, and monthly reports during authorization dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive behavioral therapy (CBT).

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: 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) 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. A request was made for six sessions of psychotherapy, biofeedback and monthly reports during authorized dates; the request was modified by utilization review, which provided the following rationale: "in this case, the patient has had a total of 48 sessions of psychotherapy and six sessions of biofeedback to date. Ongoing psychotherapy was non-certified in February 2015 based on the rationale that the patient should be transition to an independent program. Three additional psychotherapy sessions was certified and then an additional six psychotherapy sessions was certified in preparation for a spinal cord stimulator trial. The patient underwent independent medical review on an unspecified date that resulted in authorization for yet another six final psychotherapy sessions. Four of those final psychotherapy sessions have been completed.... The patient has been provided extensive psychotherapy and biofeedback that already exceeds industrial guidelines maximum and has resulted in functional benefit. Because the patient has already been afforded the full scope of ODG recommended industrial treatment course and has completed all but two of the IMR determined final treatment input, the patient wants partial certification for just the remaining to psychological sessions on an industrial basis. Therefore the request is modified to two sessions is medically necessary and appropriate." This IMR will address a request to overturn the utilization review 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 medical reports and treatment records indicates the patient has been afforded a lengthy and comprehensive psychological course of treatment on an industrial basis for his industrial related injury. The MTUS guidelines recommend a psychological treatment to consist of 6 to 10 sessions maximum, the official disability guidelines are somewhat more generous and allow 13 to 20 sessions contingent upon patient benefit and objectively measured functional improvement. The official disability guidelines to allow for an extended course of psychological treatment in some cases of very severe symptoms of Major Depressive Disorder or PTSD. In this case, the patient has received, according to utilization review, 48 sessions of psychotherapy to date. The request for six additional psychotherapy sessions would exceed the maximum recommended guidelines, which is reserved for the most severe cases of psychiatric and psychological symptomology. Utilization review did modify the request to allow two final sessions to bring the total to 50. Because the patient is at the uppermost limit of the recommended treatment course, additional sessions are not indicated on an industrial basis for this reason. It is acknowledged based on the treatment records are provided that the patient has made progress in treatment and still has residual psychiatric and psychological symptomology. However, this juncture due to the quantity of treatment that the patient has received additional sessions are not indicated, per MTUS and ODG guidelines, and therefore the utilization review determination is upheld.

Biofeedback, 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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. The industrial guidelines for use of biofeedback indicate that they maximum length of treatment should consist of 6 to 10 sessions. The patient has already received six sessions as well as the maximum amount of cognitive behavioral therapy recommended. This request for six additional sessions would exceed guideline recommendations on an industrial basis for biofeedback treatment therefore the medical necessity is not established and utilization review decision is upheld.

Monthly reports during authorized dates: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations.

Decision rationale: The MTUS and official disability guidelines do not directly this request for psychological monthly reports. Psychological evaluations are discussed in the MTUS behavioral interventions guidelines. Treatment reports are an important part of the psychological treatment process and are expected as usual customary activity at the end of every session. Special evaluation and reports are not indicated for this patient as further psychological treatment is not indicated at this time.