

Case Number:	CM15-0199076		
Date Assigned:	10/14/2015	Date of Injury:	01/21/2012
Decision Date:	11/23/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/09/2015

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 32 year old female, who sustained an industrial injury on 01-21-2012. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for chronic low back strain, lumbar disc displacement, and myofascial pain syndrome. Medical records (04-01-2015 to 06-29-2015) indicate ongoing low back pain and right upper extremity symptoms (right hand pain). Pain levels were rated 3-7 out of 10 in severity on a visual analog scale (VAS) on 04-01-2015 which increased to 7-9 out of 10 by 04-27-2015 due to flare-up. The IW received some physical therapy (PT) ultimately decreasing her pain by 06-29-2015. Activity levels and level of functioning were not specifically addressed. Per the treating physician's progress report (PR), the IW has returned to work with restrictions. The physical exam, dated 06-29-2015, reported that the IW was making progress with biofeedback and neuromuscular re-education. Relevant treatments have included: PT, 4 sessions of psychological therapy, dynamic biofeedback, deep tissue myofascial therapy, work restrictions, and medications. The request for authorization was not available for review; however, the utilization review letter states that the following services were requested: 8 sessions of cognitive behavioral therapy (CBT) over 4 months to the right wrist, and biofeedback (concurrent with CBT) 8 visits over 4 months to right wrist. The original utilization review (09-29-2015) partially approved the requests for 8 sessions of cognitive behavioral therapy (CBT) over 4 months to the right wrist (modified to 4 sessions), and biofeedback (concurrent with CBT) 8 sessions over 4 months to right wrist (modified to 4 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 8 visits over 4 months to Right Wrist: Upheld

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

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 on 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. A request was made for "Cognitive behavioral therapy 8 visits over 4 months to Right Wrist" the request was modified by UR which provided the following rationale: "Four visits of CBT are medically necessary to help the claimant cope with her residual pain." No further explanation for the modification was provided. This IMR will address a request to overturn the utilization review modification 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 provided medical records were insufficient in establishing the medical necessity the request to overturn the utilization review decision. The provided medical records consisted of approximately 55 pages contained in two separate files most of which was dedicated to insurance related utilization review communication. Only one psychological treatment progress note was found from the requesting psychologist. There was no comprehensive psychological treatment plan nor was there a comprehensive intake or psychological assessment provided in the medical records. The patient's diagnosis and

psychological symptomology was not detailed adequately in the medical records provided for this review. There is no indication provided whatsoever how much treatment the patient has received of cognitive behavioral therapy or biofeedback. There is no discussion of treatment benefit and progress being made to date as a direct result of her psychological treatment that she has received. There is no objectively measured functional measures of patient improvement provided for consideration of support for this request. Whatever mentions of improvement as the patient has received word simple descriptive subjective terms in a checklist format, and there was only one of these provided with no comparison to prior sessions. Because it is not known how much treatment the patient received and because documentation of functional improvement was limited, the medical necessity for additional treatment was not established per industrial guidelines. For this reason the medical necessity the request is not established and utilization review decision is upheld. This decision is not to say that the patient does not, or does, need additional psychological treatment; it is only a statement that the current request is not supported by the very limited psychological treatment documentation and progress notes that were provided for consideration. The requested treatment is not medically necessary.

Biofeedback (concurrent w/ CBT) 8 visits over 4 months to Right Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

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

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. A request was made for "Biofeedback (concurrent w/ CBT) 8 visits over 4 months to Right Wrist." The request was modified by utilization review which provided the following rationale for its decision: "four sessions of biofeedback to occur concurrently with CBT are medically necessary. The claimant has experienced functional improvements continues to have residual chronic pain and resulting depression, which needs treatment." No further information was provided regarding the rationale for the modification. This IMR will address a request to overturn the utilization review modification. The provided medical records were insufficient in establishing the medical necessity the request to overturn the utilization review decision. The provided medical records consisted of approximately 55 pages contained in two separate files most of which was dedicated to insurance related utilization review communication. Only one psychological treatment progress note was found from the requesting psychologist. The discussion of the patient's prior biofeedback treatment sessions was insufficient to support continued biofeedback treatment. There is only one treatment modality for biofeedback discussed and that is temperature. The use of temperatures of biometric indication of patient relaxation is a accepted and common biofeedback treatment modality. However, it is easily manipulated if the patient moves their hand, where the temperature is typically measured, from one part of the body to location away from the body. There is no other discussion of use of additional biometric assessment. For example EMG or GSR. There was a separate progress report from June 29, 2015 from [REDACTED]

██████ who used biofeedback in a "dynamic biofeedback and economic services" in the workplace setting utilizing surface EMG with detailed report of the treatment which appears to be of benefit to the patient. However, this does not appear to be related to this current requested biofeedback by the clinical psychologist. There was no comprehensive psychological treatment plan nor was there a comprehensive intake or psychological assessment provided in the medical records. The patient's diagnosis and psychological symptomology was not detailed adequately in the medical records provided for this review. There is no indication provided whatsoever how much treatment the patient has received of cognitive behavioral therapy or biofeedback. There is no discussion of treatment benefit and progress being made to date as a direct result of her psychological treatment that she has received. There is no objectively measured functional measures of patient improvement provided for consideration of support for this request. Whatever mentions of improvement as the patient has received word simple descriptive subjective terms in a checklist format, and there was only one of these provided with no comparison to prior sessions. Because it is not known how much treatment the patient received and because documentation of functional improvement was limited, the medical necessity for additional treatment was not established per industrial guidelines. For this reason the medical necessity the request is not established and utilization review decision is upheld. This decision is not to say that the patient does not, or does, need additional psychological treatment; it is only a statement that the current request is not supported by the very limited psychological treatment documentation and progress notes that were provided for consideration. The requested treatment is not medically necessary.