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| Case Number: | CM15-0020173 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 05/16/2008 |
| Decision Date: | 03/25/2015 | UR Denial Date: | 01/22/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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 65 year old female, who sustained an industrial injury on 5/16/08 when she injured her neck, back and bilateral upper extremities while lifting a mattress. Treatment to date has included epidural injection; acupuncture; chiropractor, physical therapy and medications. According to the utilization review performed on 1/22/15, the requested psycho-diagnostic testing has been certified. The requested Biofeedback Evaluation has been non-certified. the requested Cognitive Behavioral Psychotherapy sessions x4 if improvement then 10 sessions over 10 weeks has been modified to receive 4 sessions. The utilization review noted that the CA MTUS guidelines provide for consideration of Biofeedback after initial trial of 4 cognitive behavioral therapy sessions, the patient should receive the initial trial of cognitive behavioral therapy before considering biofeedback. The CA MTUS supports the use of cognitive behavioral therapy, this patient should review the 4 session initial trial and if the patient shows improvement, those sessions should be requested at that time with documentation of a positive response to the initial trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, biofeedback biofeedback Page(s): 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. As best as could be determined from the provided medical notes, the patient received a course of psychological treatment that started at some point in early 2010. This course of psychological treatment included cognitive behavioral therapy as well as biofeedback. There are biofeedback treatment progress notes dating back to October 2010. The MTUS guidelines for biofeedback suggests that a course of treatment consisting of 6 to 10 visits is sufficient with the patient learning the techniques and then practicing them independently at home afterwards. The details of her prior biofeedback sessions were not provided insufficient detail to understand the quantity of treatment sessions that she is already received or the objective functional benefit/improvements that were derived from prior treatment based on the fact that she is already received a course of biofeedback it is unclear that an additional new course of treatment is medically necessary or clinically indicated at this juncture. There was no supporting documentation provided to explain the rationale for repeating her psychological treatment, nor was a psychological comprehensive evaluation discussing her prior psychological treatment was provided. Therefore the utilization review determination for non-certification is upheld.

Cognitive Behavioral Psychotherapy sessions x4 if improvement then 10 sessions over 10 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, cognitive behavioral therapy, psychotherapy guidelines. Page(s). Decision based on Non-MTUS Citation Official disability guidelines Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, February 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 recommend 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 progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. Although the MTUS and official disability guidelines to make provisions for the use of cognitive behavioral therapy, this patient has already received a course of psychological there be that occurred in 2012. No specific outcome information from this prior psychological course of treatment was provided nor was there any details about how much treatment she received. In addition there is no indication of why the treatment is being requested again at this time. No psychological evaluation was included for consideration among the documents provided for consideration. The request itself is for an initial treatment trial of 4 sessions with 10 additional sessions to be offered if the patient is making improvements. This is putting the cart before the horse initial treatment trial was approved by utilization review. The additional treatment sessions are to be provided substantiating medical necessity based on patient benefit as measured by objectively measured functional improvement. Additional information regarding her prior treatment is needed as well as a rationale for why it's being repeated at this time. Because of these reasons the medical necessity is not established in the utilization review determination is upheld.