

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0212121 | | |
| Date Assigned: | 10/30/2015 | Date of Injury: | 03/09/2013 |
| Decision Date: | 12/15/2015 | UR Denial Date: | 10/19/2015 |
| Priority: | Standard | Application Received: | 10/28/2015 |

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 44 year old female who sustained an industrial injury on 03-09-2013. She has reported injury to the head. The diagnoses have included concussion with no loss of consciousness; post-concussion syndrome; headache; cognitive dysfunction; vestibular dysfunction; and pain disorder associated with psychological factors and a medical condition. Treatment to date has included medications, diagnostics, physical therapy, home exercise program, neuro-feedback, vestibular therapy, and cognitive behavioral therapy. A progress report from the treating provider, dated 09-17-2015, documented an evaluation with the injured worker. The injured worker reported significant reduction in anxiety; she also reports significant reduction in headaches; and in biofeedback, she has been able to reduce myofascial tension. Objective findings included euthymic mood; she is nearing completion of cognitive behavioral and biofeedback sessions; she has been compliant and motivated; and she has made improvements. The provider noted that additional sessions of therapy are requested to assist patient in future return to work and further improvement in functional status. The treatment plan has included the request for biofeedback times 6 sessions; and cognitive therapy times 6. The original utilization review, dated 10-19-2015, non-certified the request for biofeedback times 6 sessions; and cognitive therapy times 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback times 6 sessions: Overturned

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: Citation Summary: 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 return 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 six sessions of biofeedback. The request was non-certified by utilization review which provided the following rationale for its decision: "within the medical information available for review, there is documentation of the previous biofeedback treatments. However, despite documentation of resolution of headaches following previous treatments, there is no (clear) documentation of objective functional improvement with previous biofeedback treatments. The request of biofeedback times 6, in addition to the E treatments completed to date, would exceed guidelines." This IMR will address a request to overturn the utilization review non-certification decision and approve six sessions of biofeedback. The provided medical records indicate that the patient does remain symptomatic at a clinically significant level on a psychological basis and has been making benefit of her treatment. Biofeedback treatment progress notes were also provided for consideration for this review and work considered in this decision. The patient does appear to be making progress in her biofeedback treatment and appears to be benefiting from it. There are also reports objectively of functional improvement as a result although they are not objectively measured. In this case, the request for six additional sessions would exceed MTUS guidelines for treatment quantity, which recommend a typical course consisting of 6 to 10 sessions maximum with home independent application of the treatment modalities at the completion of the 10 sessions. ODG guidelines do not have a recommendation for treatment quantity for the use of biofeedback. Although in this case the request does exceed MTUS guidelines by four sessions for biofeedback, the request appears to be reasonable and medically appropriate and necessary based on the provided documentation. However, it should be noted that this will bring the total quantity of sessions provided to exceed the recommendations of the MTUS guidelines. Although an exception can be made in this case, the sessions should be used to facilitate and solidify the patient's utilization of the techniques independently and bring the use of biofeedback treatment to a close. Therefore, the request is medically necessary and the utilization review decision for non-certification is overturned.

Cognitive therapy times 6: Overturned

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) Mental Illness and Stress Chapter, 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 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 six sessions of cognitive behavioral therapy (CBT); the request was non-certified by utilization review which provided the following rationale for its decision: "Within the medical information available for review, there is documentation of 8 CBT treatments completed to date. However, despite documentation that CBT is allowing the patient to make great improvement, there is no (clear) documentation of objective functional improvement with previous psychotherapy. The requested six cognitive therapy treatments, in addition to the eight CBT previously completed treatments would exceed guidelines." This IMR will address a request to overturn the utilization review decision of non-certification and to allow authorization of six CBT treatments. 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 do reflect that the patient continues to remain psychologically symptomatic at a clinically significant level, and do reflect that the patient is making progress in her treatment including functional improvements as noted in several treatment progress notes

including September 17, 2015, were it was indicated that the patient is reporting significant reduction in anxiety and headaches which have been largely resolved through biofeedback treatment. Treatment progress notes also indicate that the patient has received eight sessions of cognitive behavioral therapy to date. Is not entirely clear whether this is the total quantity of treatment sessions provided or if this is just relative to the current authorization. Clarification regarding this matter would be needed prior to any further request for treatment. In this case, the patient does appear to be benefiting from treatment and is still in need; therefore, the medical necessity of the request is found to be reasonable. The utilization review cited MTUS guidelines for psychological treatment; however, the Official Disability Guidelines ODG can also be applied which allow for 13 to 20 sessions maximum for most patients. Because the patient has reportedly only received 8 sessions to date, the request for six additional sessions would bring the total to 14, which although would exceed the MTUS guidelines still fall within the ODG guidelines for treatment quantity. Therefore, the request is medically necessary and the utilization review determination is overturned.