

Case Number:	CM15-0213652		
Date Assigned:	11/03/2015	Date of Injury:	09/15/2011
Decision Date:	12/15/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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:

This injured worker is a 55 year old male, who sustained an industrial injury on 09-15-2011. The injured worker was diagnosed as having pain in joint - shoulder, pain in joint hand, pain in joint - lower leg and long term long of medication. On medical records dated 06-24-2015, 07-21-2015, 08-18-2015, 09-03-2015, and 09-24-2015 the subjective complaints were noted as low back, bilateral knee, right shoulder, right wrist pain, anxiety, depression and sleep difficulty. Pain was noted as 8 out of 10 without medication and 4-5 out of 10 with medication. Objective findings were noted as decreased irritability, frustration, hopelessness and emptiness, and increased understanding of his emotional response to physical limitations. Treatment to date included physical therapy, cognitive behavioral therapy, a course of biofeedback and medication. Current medications were listed as Tramadol HCL ER, Numetone-Relafen and Gabapentin. The Utilization Review (UR) was dated 10-01-2015. A Request for Authorization was dated 09-25-2015. The UR submitted for this medical review indicated that the request for was biofeedback times 6 and follow up visits with psychologist times 6 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits with psychologist times 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and 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 psychotherapy guidelines, august 2015 update.

Decision rationale: The ACOEM guidelines state that the frequency of follow visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These results allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Generally, patients with stress-related complaints can be followed by a mid-level practitioner every few days for counseling about coping mechanisms, medication use, activity modification, and other concerns. These interactions may be conducted either on site or by telephone to avoid interfering with modified for full duty work if the patient has returned to work. Followed by a physician can occur when a change in duty status is anticipated (modified, increased, or forward duty) at least once a week if the patient is missing work. Citation Summary MTUS treatment guidelines for 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 follow-up visits with a psychologist, the request was non-certified by utilization review which provided the following rationale for its decision: "It is unclear how many sessions the patient has had to date and there are no psychological progress notes provided: the patient also does not have a diagnosis related to depression or anxiety. The patient reported depression in a review of symptoms; otherwise there are no indications that would suggest that additional psychological treatment is medically necessary this time." This IMR will address a request to overturn the utilization reviews

decision. With respect to this patient, the request for follow-up visits is not supported as being medically necessary. While the concept of follow-up visits in general medical practice are important, the distinction between a follow-up visit and a psychotherapy session is unclear. In general, material that would be discussed in a follow-up visit would consist of the same material that would constitute any psychological treatment session. The MTUS guidelines recommend a course of psychological treatment consisting of 6 to 10 sessions, whereas the ODG guidelines recommend a course of 13 to 20 sessions. In some cases of very severe major depressive disorder or PTSD additional sessions are recommended by industrial guidelines with documentation of objectively measured improvement in functioning. In this case, 175 pages of medical records were reviewed for this IMR, only two pages of psychological treatment progress notes were found. There was no indication provided of how much treatment the patient has received since the date of his industrial injury. No copy of the initial comprehensive psychological evaluation provided to determine when the psychological treatment was initiated. Details regarding his course of psychological treatment are very minimal with insufficient documentation of the treatment, and no objectively measured functional indices of improvement (e.g. psychometric testing), however subjective reports of improvement were noted in the two treatment progress notes, and brief letter from the provider regarding this request, found in the medical records. This information is needed in order to determine whether the request for additional psychological treatment is consistent with industrial guidelines. Because the total quantity of sessions provided to date is unknown, the medical necessity of this request could not be established and therefore the utilization review decision is upheld. The request is not medically necessary.

Biofeedback times 6: 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: 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 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 six sessions of biofeedback, the request was non-certified by utilization review which provided the following rationale for its decision: "documentation does not identify that the patient is undergoing CBT and follow-up visits with the psychologist does not appear to be medically necessary at this time. There are also no prior biofeedback or psychology notes provided for review." This IMR will address a request for overturning the utilization review decision. The provided medical records indicate that the patient has received some biofeedback treatment, however it was not stated how much the patient has received to date. MTUS

guidelines address biofeedback treatment specifically stating that patients have recommended course of 6 to 10 sessions after which biofeedback training should be done by the patient independently at home. No biofeedback treatment progress notes were provided, it's not clear what treatment modalities are being used (e.g. EMG, GSR etc.) and what his response to prior biofeedback treatment has been to date. In the absence of any biofeedback treatment progress notes or indications of how much biofeedback treatment the patient has received, the medical necessity the request is not established due to insufficient documentation of prior treatment. On this basis, the request is not medically necessary and the utilization review determination is upheld.