

Case Number:	CM15-0040672		
Date Assigned:	03/12/2015	Date of Injury:	06/10/2013
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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 43 year old female who sustained an industrial injury on June 10, 2013. She has reported a left shoulder injury and has been diagnosed with left shoulder impingement syndrome with rotator cuff tendinosis and AC joint arthritis. Treatment has included physical therapy, activity modification, and medications. Currently the injured worker noted to have pain in the right upper extremity and left shoulder. The treatment request included cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback - assisted relaxation therapy 2 times per month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, behavioral interventions, biofeedback Page(s): 24-25.

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. This request for biofeedback treatment to be held 2 times a month for. Lasting 6 months is the equivalent of 12 sessions of biofeedback. The request exceeds treatment guidelines which state that with 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 which the biofeedback interventions can be used by the patient independently at home. Because the request exceeds treatment guidelines for quantity and duration of treatment the request is determined to be excessive and is not medically necessary.

Cognitive Behavioral Therapy 2 times per month for 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation Official disability guidelines, mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, and March 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) 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. Decision: A request was made for cognitive behavioral therapy 2 times a month for 6 months, the request was non-certified by utilization review which offered a modification to allow for a total of 6 sessions. No specific rationale for the decision was provided. It was noted that the treatment is indicated based on patient symptomology and patient benefit from prior sessions at a modified quantity. The medical records that were provided for consideration do not support the requested treatment due to insufficient information. No medical records whatsoever were provided from the primary treating psychologist regarding this request. Continued psychological treatment is contingent upon all 3 of the following been documented in order to establish medical necessity: continued patient psychological symptomology at a clinically significant level, total quantity of prior treatment sessions provided in addition to the cumulative total of new sessions requested must be consistent with treatment guidelines, and documentation of objectively measurable functional improvements in patient benefit based on prior sessions. Because no psychological treatment notes were provided these 3 criteria were not met. Because these criteria were not adequately documented in the medical records provided for consideration the medical necessity of additional treatment sessions could not be established. Because the medical necessity of additional treatment sessions cannot be established, the request is not medically necessary.