

Case Number:	CM15-0041783		
Date Assigned:	03/12/2015	Date of Injury:	03/01/2011
Decision Date:	04/20/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/05/2015

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 March 1, 2011. The injured worker was diagnosed as having a single episode of major depressive disorder and generalized anxiety disorder. Treatment to date has included psychotherapy and cognitive behavioral therapy. Currently, the injured worker complains of an increase in depressive symptoms since the discontinuation of her psychotherapy and she reports that she becomes easily agitated. Her thought processes appeared anxious and disturbed when describing the persistent pain and disability. There was no documentation of previous psychotherapy sessions or of cognitive behavior therapy for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Biofeedback session over next 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral interventions, 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. Decision: According to the utilization review summary of records the patient was injured when falling down stairs. A request was made for "further psychotherapy on 11/24/14 and has not been treated at this office since 03/02/2012. The claimant received prior cognitive behavioral therapy. Following the discontinuation of psychotherapy, the claimant reported an increase in depressive symptoms and reports that she became increasingly agitated BDI is 17 and be a high is 16. Thought processes of. Anxious and disturbed while describing the persistent pain and disability. Diagnoses are major depressive disorder, single episode, unspecified and generalized anxiety disorder. A request was made for 6 sessions of biofeedback, the request was determined to be not medically necessary by utilization review the following rationale quote there is no comprehensive assessment of psychological treatment completed to date of the claimant's response there in submitted for review. There are no documentations of significant sustained goals. There is no indication of what modalities will be treated with biofeedback." Decision: The medical records that were provided for consideration were insufficient to establish the medical necessity of the request. The medical records consisted of in their entirety of 19 pages which addressed her medical condition but none of which discussed any aspect of her psychological status. There is no information regarding her prior psychological treatment. Continued psychological treatment is contingent upon all 3 of the following being documented: significant patient psychological symptomology, total quantity of prior sessions and requested sessions consistent with MTUS/official disability guidelines, and documentation of significant patient benefited including objectively measured functional improvement based on prior treatment. Is unclear how much prior treatment she has had to date and it is also unclear what the outcome of prior treatment has been. Due to insufficient documentation, none of these issues were addressed whatsoever. Therefore the medical necessity the request is not established the utilization review determination for non-certification is upheld.

6 Cognitive behavior psychotherapy sessions over next 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. 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; see also 23-24.

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) 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 6 sessions of cognitive behavioral therapy. The request was noncertified by utilization review with the following rationale provided: "there is no comprehensive assessment of psychological treatment completed to date or the claimant's response thereto submitted for review. There is no documentation of significant sustained goals." The medical records that were provided for consideration were insufficient to establish the medical necessity of the request. The medical records consisted of in their entirety of 19 pages which addressed her medical condition but none of which discussed any aspect of her psychological status. There is no information regarding her prior psychological treatment. Continued psychological treatment is contingent upon all 3 of the following being documented: significant patient psychological symptomology, total quantity of prior sessions and requested sessions consistent with MTUS/official disability guidelines, and documentation of significant patient benefited including objectively measured functional improvement based on prior treatment. Is unclear how much prior treatment she has had to date and it is also unclear what the outcome of prior treatment has been. Due to insufficient documentation none of these issues were addressed whatsoever. Therefore the medical necessity the request is not established the utilization review determination for non-certification is upheld.