

Case Number:	CM15-0047720		
Date Assigned:	03/19/2015	Date of Injury:	03/09/2012
Decision Date:	05/01/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 38-year-old who has filed a claim for chronic shoulder, leg, knee, and low back pain with derivative complaints of depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of March 9, 2012. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve requests for additional biofeedback, additional cognitive behavioral therapy, psychopharmacological management consultation, a psychology follow-up visit, and three to six treatments of acupuncture. The claims administrator referenced a January 29, 2015 RFA form and associated progress note in its determination. The claims administrator contended that the applicant had had earlier acupuncture treatments over the course of the claim. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant's psychologist acknowledged that the applicant was off of work, last worked in December 2012, and was receiving both disability benefits and Workers Compensation indemnity benefits. 7/10 multifocal shoulder, leg, and foot pain complaints were noted. The applicant was on Prilosec and Flexeril. The applicant had had two recent psychological treatments and five recent biofeedback treatments, the treating provider acknowledged. The applicant nevertheless stated that she felt depressed, anxious, had difficulty concentrating, and reported easy fatigability. The applicant stated that she was having difficulty performing activities of daily living as basic as household chores owing to poor motivation. The applicant stated that she was sleepy, tired, and depressed throughout the day. The applicant stated that she was forgetful and also missed appointments owing to forgetfulness. The applicant had stopped attending social gatherings, it was acknowledged. The applicant's Global

Assessment of Functioning (GAF) was 55. The applicant was seemingly kept off of work while additional psychotherapy, cognitive behavioral therapy, and biofeedback were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Biofeedback Therapy 6-10 visits 1 x week x 5-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400; 405.

Decision rationale: No, the request for additional biofeedback was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 400 does acknowledge that biofeedback is a relaxation method designed to empower individuals to self-regulate physiologic responses, this recommendation, however, is qualified by commentary made in ACOEM Chapter 15, page 405 to the effect that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological condition, unrecognized psychosocial stressor. Here, the applicant was off of work, on total temporary disability, as of the date additional biofeedback was proposed. The applicant continued to report ongoing issues with depression, anxiety, difficulty concentrating, poor productivity at home, difficulty performing basic household chores owing to poor motivation levels, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier biofeedback treatment in unspecified amounts over the course of the claim, including five recent biofeedback treatments in 2015 alone. Therefore, the request for additional biofeedback was not medically necessary.

Additional Cognitive Behavioral Therapy 6-10 visits 1 x week x 5-6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400; 405.

Decision rationale: Similarly, the request for additional cognitive behavioral therapy was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 400 does acknowledge that cognitive therapy can be problem-focused, with strategy intended to alter an applicant's perception of stress, or emotion focused, with strategies intended to alter an applicant's response to stress, this recommendation is, however, qualified by commentary made in ACOEM Chapter 15, page 405 to the effect that an applicant's failure to improve may be due to unrecognized medical or psychological

condition, unrecognized medical or psychosocial stressors, or incorrect diagnosis. Here, by all accounts, the applicant had, in fact, failed to improve. The applicant was off of work as of the date of the request. The applicant continued to report symptoms of depression, anxiety, insomnia, difficulty concentrating, difficulty socializing, difficulty interacting with others, etc. It did not appear, thus, the applicant had profited appreciably through earlier psychotherapy/ cognitive behavioral therapy in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request was not medically necessary.

Psycho-Pharmacologic Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The request for a psychopharmacological management consultation, conversely, was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 398, applicants with more serious conditions may need referral to a psychiatrist for medical therapy. Here, all evidence on file pointed to the applicant's having failed to respond favorably to earlier psychotherapy, cognitive behavioral therapy, biofeedback treatment, etc., performed by a psychologist. The applicant did have significant symptoms of depression, fatigue, malaise, difficulty concentrating, poor energy levels, etc., evident on or around January 27, 2015. The applicant's mental health issues, thus, were more serious and did require psychopharmacological consultation. Therefore, the request was medically necessary.

Psychologist follow up visit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: Conversely, the request for a psychologist follow-up visit was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 398, issues regarding work stress and person-job mismatch may be handled effectively with talk therapy through a psychologist, while applicants with more serious conditions may need a referral to a psychiatrist for medicine therapy. Here, the applicant had already had psychological counseling, psychological treatment, cognitive behavioral therapy, biofeedback, etc. Talk therapy was, however, ineffective here in terms of generating meaningful improvement as defined in MTUS 9792.20f. The applicant remained off of work, on total temporary disability. The applicant continued to report issues with depression, anxiety, difficulty concentrating, fatigue, malaise, low energy levels, etc. The applicant's mental health

issues, thus, were more serious and seemingly not amenable to further psychological counseling. Therefore, the request was not medically necessary.

Acupuncture 3-6 treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Finally, the request for additional acupuncture was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for acupuncture. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.d acknowledge that acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f, in this case, however, the applicant was off of work, on total temporary disability, as of the date additional acupuncture was proposed, on January 27, 2015, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture was not medically necessary.