MAXIMUS Federal Services

Case Number:	CM15-0050629		
Date Assigned:	03/24/2015	Date of Injury:	04/07/2006
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/17/2015

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 50-year-old female, who sustained an industrial injury on April 7, 2006. The injured worker had reported a back injury. The diagnoses have included chronic pain syndrome, lumbar spondylosis, lumbar radiculitis, lumbar degenerative disc disease, low back pain, lumbar post laminectomy syndrome, major depression, single episode and other anxiety states. Treatment to date has included medications, radiological studies, cognitive behavior therapy, heat and ice treatment, a transcutaneous electrical nerve stimulation unit, psychological evaluations and a home exercise program. Current documentation dated February 1 6, 2015 notes that the injured worker was seen for behavior pain management therapy following an injury to the back, leg and knee. The injured worker noted her pain has remained the same. The injured worker was experiencing feelings of sadness, a loss of pleasure in participating in usual activates, social avoidance, sleep disturbance and appetite changes. She also reported cognitive problems stemming from the work injury and disabled state. The documentation notes that the injured worker was experiencing a general mental decline ever since being injured and staring on medication designed to treat the symptoms. The treating physician's plan of care included a request for biofeedback visits and cognitive behavior therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 6-10 visits: Overturned

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

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. A request was made for biofeedback 6-10 visits, the request was non-certified by utilization review with the following rationale mentioned: There is support for limited biofeedback in the setting of chronic pain in conjunction with cognitive behavioral therapy, there is no support for biofeedback as a stand-alone therapy. There have been 28 cognitive behavioral therapy sessions provided to date with no clear evidence of objective functional improvement. According to the provided medical records, the patient had a comprehensive psychological evaluation in September 2014 and stated that she has not received any psychological or psychiatric treatment is a part of this Worker's Compensation case prior to the current treatment that she has been receiving. As best as could be determined from the medical records provided she has been engaging in cognitive behavioral therapy program but has not yet received any biofeedback treatment. Since the patient has not yet received any biofeedback treatment, and because biofeedback can be a helpful adjunct of tool as an option in cognitive behavioral therapy programs to facilitate exercise therapy and returned to activity and can help in back muscle strengthening, and because the patient is exhibiting incomplete chronic recovery this treatment approach appears to be medically reasonable and necessary in conjunction with the ongoing psychological treatment that she is receiving. The finding of medical necessity is established and the utilization review determination for non-certification is overturned.

Cognitive Behavior Therapy (CBT) 12 visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 23-24. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, March 2015 update.

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. As best as can be determined the patient has received 28 sessions of cognitive behavioral therapy. It is recommended that for most patients a course of psychological treatment consisting of 13 to 20 sessions is sufficient however in cases of severe major depression that additional sessions up to 50 can be made available with evidence of patient benefit from treatment. The request for 12 additional sessions would bring the estimated total of her treatment to 40 sessions. Thus, the request does not exceed guidelines from that perspective given that she does meet the criteria for severe major depression based on a history of suicidal ideation and according to a recent Beck Depression Inventory score. Several treatment progress notes are found. These progress notes do not contain the cumulative total session number making it difficult to know exactly how many sessions she has received to date and this information is needed although it was provided in a rough form from the utilization review report. Although these progress notes are fairly limited in terms of documented functional improvement as was indicated in the utilization review discussion there does appear to be progress being made in her treatment. For example, February 24, 2015 there is a notation indicating improved anxiety reduction in stress reduction as well as managing her emotional state better as well as learning to incorporate the cognitive behavioral therapy skills. Continued psychological treatment is contingent upon all 3 of the following being documented: continued patient psychological symptomology at a clinically significant level, total quantity of sessions not exceeding MTUS/official disability guidelines, and patient benefit from prior treatment sessions. Because all 3 of these issues were adequately addressed (although the issue of functional improvement only marginally so) the medical necessity of this request has been established in the utilization review determination is overturned. Biofeedback 6-10 visits is medically necessary and appropriate.