

Case Number:	CM15-0051889		
Date Assigned:	03/25/2015	Date of Injury:	07/09/2012
Decision Date:	07/17/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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 is a 44 year old female with a July 9, 2012 date of injury. A progress note dated October 16, 2014 documents subjective findings (chronic lower back pain with right lower extremity radiation; right lower extremity weakness; numbness and tingling; depression and anxiety), objective findings (diminished sensation to light touch in a S1 in the right side dermatomal distribution; antalgic gait favoring the right; tenderness to palpation noted over the lumbar paraspinal muscles overlying the facet joints; trigger points noted over the lower paraspinal; muscle spasm noted over the lower paraspinal), and current diagnoses (sprain of a ligament of the lumbosacral joint; degeneration of lumbar intervertebral disc; lumbosacral radiculitis; chronic pain). Treatments to date have included chiropractic treatment, physical therapy, electromyogram/nerve conduction studies that were negative, epidural steroid injection which provided negligible relief of radicular symptoms, home exercise, and medications. The treating physician documented a plan of care that included cognitive behavioral therapy for the lumbar spine, and Biofeedback therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy one time a week for six weeks for the lumbar spine, lumbar spine, quantity: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-28.

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, pages 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines 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 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 the meta-analysis of 23 trials. A request was made for cognitive behavioral therapy one time a week for six weeks; the request was non-certified by utilization review which provided the following rationale for its decision: "it is noted that this patient has already completed 10 sessions of cognitive behavioral therapy. Additional treatment sessions would exceed guideline recommendations. In addition, it is noted that she has been practicing cognitive-behavioral strategies consistent with her pain/stress management regime which have been improving her functional coping abilities and decreasing her emotional distress. A specific rationale as to why she is unable to use a home-based rehabilitation program, based on the cognitive behavioral strategies that she has learned in therapy, to further her improvement was not provided." This IMR will address a request to overturn the utilization review decision. Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The medical necessity of this request was not established by the provided documentation. There was

no psychological treatment progress notes or treatment summary reports provided for consideration. In the absence of psychological treatment progress notes/treatment history/initial evaluation etc. there was insufficient documentation upon which to establish the need of this request. In order for additional treatment sessions to be authorized there must be clear documentation of all of the above-mentioned factors in this case none were provided whatsoever. Without knowing the total quantity of sessions at the patient has received to date, her benefit as a direct result of prior treatment as well as current psychological symptomology, the medical necessity of this request was not established and therefore the utilization review determination for non-certification is upheld. This not to say that the patient does not require psychological treatment, only that the medical necessity of this request is not supported by the limited documentation's received for consideration for this IMR. The request is not medically necessary.

Biofeedback Therapy one time a week for six weeks for the lumbar spine, lumbar spine, quantity: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback, pages 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. Decision: a request was made for biofeedback therapy one time a week for six weeks; the request wasn't non-certified by utilization review of the following provided rationale: "it is noted that the patient has already completed 10 sessions of cognitive behavioral therapy, concurrent with 10 sessions of relaxation training to the word techniques using biofeedback with good results. Additional treatment sessions would exceed guideline recommendations. In addition, it is noted that she has successfully developed practice and effective pain/stress management regime is improvement. Specific rationale as to why she is unable to use rehabilitation program, based on the cognitive behavioral strategies that she has learned in therapy, to further her improvement was not provided." This IMR will address a request to overturn the utilization review decision for non-certification of this request. The MTUS treatment guidelines state that for biofeedback treatment patients should have a maximum course of treatment consisting of 6 to 10 sessions after which home based independent use of the relaxation and biofeedback techniques should be used. The patient has already received to date 10 sessions. The request for additional treatment would exceed guidelines for biofeedback as stated in the MTUS guidelines. For this reason the medical necessity of the request is determined to be excessive per MTUS guidelines and therefore the medical necessity is not established and the utilization review determination for non-certification is upheld. The request is not medically necessary.