

Case Number:	CM15-0060458		
Date Assigned:	04/17/2015	Date of Injury:	11/03/2008
Decision Date:	07/02/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/31/2015

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: Internal 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 injured worker is a 60-year-old female, who sustained an industrial injury on November 3, 2008. The injured worker has been treated for neck, right knee and psychological complaints. The diagnoses have included lumbar degenerative disc disease, atypical chest pain, stress, anxiety, major depressive disorder and psychological factors affecting medical condition. Treatment to date has included medications, radiological studies, psychological testing, physical therapy and psychotherapy. Current documentation dated February 27, 2015 notes that the injured worker had depression, anxiety, psychological fatigue, diminished stamina, impaired concentration and related overwhelmed emotions, which may cause an inability to continue to cognitively function and to relate to people. The treating physician's plan of care included requests for Ambien, cognitive behavior psychotherapy sessions, biofeedback session to be provided concurrently with the cognitive behavior psychotherapy and medication management sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 5mg 1-2 at bedtime with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zolpidem (Ambien).

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Zolpidem (Ambien). Official Disability Guidelines (ODG) state that Ambien (Zolpidem) is approved for the short-term, usually two to six weeks, treatment of insomnia, and should be used for only a short period of time. The treating psychologist's permanent and stationary report dated February 27, 2015 documented a history of depression, anxiety, physical and emotional complaints. The date of injury was November 3, 2008. Narrative report on medication management dated February 24, 2015 documented a psychological evaluation and management office visit. Ambien 5 mg 1-2 qhs sleep with two (2) refills was requested. The quantity of Ambien was not specified. ODG guidelines states that Ambien should be used for only a short period of time. The long-term use of Ambien is not supported by ODG guidelines. The request for Ambien 5 mg 1-2 qhs with 2 refills, with an unspecified quantity, would enable the long-term use of Ambien, which is not supported by ODG guidelines. Therefore, the request for Ambien 5 mg 1-2 qhs with 2 refills, with an unspecified quantity, is not medically necessary.

Cognitive behavior psychotherapy 6 sessions over the next 45 days or more all on an as needed basis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page 23, Psychological treatment Pages 101-102.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Per MTUS, ODG Cognitive Behavioral Therapy (CBT) guidelines allow for an initial trial of 3-4 psychotherapy visits over two weeks. The treating psychologist's permanent and stationary report dated February 27, 2015 documented a history of depression, anxiety, physical and emotional complaints. The date of injury was November 3, 2008. The patient consulted with several psychologists in the past. Narrative report on medication management dated February 24, 2015 documented a psychological evaluation and management office visit. Cognitive behavior psychotherapy (CBT) sessions, six (6) sessions over the next 45 days or more, all on an as needed basis, was the request. The treating psychologist's permanent and stationary report dated February 27, 2015 documented the psychologist's impression that although the patient may need continued supportive psychotherapy, it would not be expected that further substantial recovery would be anticipated in the next year. Per MTUS, ODG Cognitive Behavioral Therapy (CBT) guidelines allow for an initial trial of 3-4 psychotherapy visits over two weeks. The request for 6 cognitive behavior psychotherapy sessions, over the next 45 days or more, all on an as needed basis, exceeds ODG and MTUS guideline parameters, and is not supported. Therefore, the request for cognitive behavior psychotherapy (CBT) sessions is not medically necessary.

Biofeedback 6 sessions to be provided concurrently as much as possible with CBT sessions over the next 45 days or more: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Pages 24-25.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses biofeedback. Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. Evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Since outcomes from biofeedback are very dependent on the highly motivated self-disciplined patient, approval is recommended only when requested by such a patient, but not adoption for use by any patient. The available evidence does not clearly show whether biofeedback's effects exceed nonspecific placebo effects. ODG biofeedback therapy guidelines: Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these at risk patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks. Initial trial of 3-4 visits over 2 weeks. Patients may continue biofeedback exercises at home. The treating psychologist's permanent and stationary report dated February 27, 2015 documented a history of depression, anxiety, physical and emotional complaints. The date of injury was November 3, 2008. The patient consulted with several psychologists in the past. Narrative report on medication management dated February 24, 2015 documented a psychological evaluation and management office visit. Biofeedback six (6) sessions, to be provided concurrently as much as possible with CBT sessions over the next 45 days or more was the request. The treating psychologist's permanent and stationary report dated February 27, 2015 documented the psychologist's impression that although the patient may need continued supportive psychotherapy, it would not be expected that further substantial recovery would be anticipated in the next year. Per MTUS, ODG biofeedback therapy guidelines allow for an initial trial of 3-4 visits over 2 weeks. The request for biofeedback six sessions, to be provided concurrently as much as possible with CBT sessions over the next 45 days or more, exceeds ODG and MTUS guideline parameters, and is not supported. Therefore, the request for biofeedback six sessions, to be provided concurrently as much as possible with CBT sessions over the next 45 days or more, is not medically necessary.

Medication management 2 sessions over the next 3 months or more: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress - Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses office visits. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 15 Stress-related Conditions indicate that the frequency of follow-up visits may be

determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. Official Disability Guidelines (ODG) Mental Illness & Stress indicate that office visits are recommended as determined to be medically necessary. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The treating psychologist's permanent and stationary report dated February 27, 2015 documented a history of depression, anxiety, physical and emotional complaints. The date of injury was November 3, 2008. The patient consulted with several psychologists in the past. The treating psychologist's permanent and stationary report dated February 27, 2015 documented the psychologist's impression that although the patient may need continued supportive psychotherapy, it would not be expected that further substantial recovery would be anticipated in the next year. Narrative report on medication management dated February 24, 2015 documented a psychological evaluation and management office visit. Medication management two (2) sessions over the next three months or more was the request. The time parameter of the request "over the next three months or more" is not defined, without a defined endpoint. The future condition of the patient and medication regimen are unknowns, a request for two future office visits over the next three months or more is not supported by ODG guidelines. Official Disability Guidelines (ODG) indicates that office visits are recommended as determined to be medically necessary. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Therefore, the request for medication management two (2) sessions over the next three months or more is not medically necessary.