

Case Number:	CM15-0232430		
Date Assigned:	12/08/2015	Date of Injury:	09/22/2006
Decision Date:	01/14/2016	UR Denial Date:	11/13/2015
Priority:	Standard	Application Received:	11/25/2015

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 45 year old female who sustained an industrial injury on 09-22-2006. According to a progress report dated 11-02-2015, the injured worker was re-evaluated for low back pain. It was a "little bit better" with the addition of the medications. She was taking Ultracet and Motrin. She felt that the Tramadol and Lyrica worked significantly better but was denied. She had aching pain in the low back and got shooting pains into the buttocks and the posterior legs. She had numbness intermittently on the top of the right foot. Pain levels were rated 8-9 out of 10 without medication and come down to 6-7 with medications. Impression included chronic low back pain, lumbar discogenic pain, lumbar degenerative disc disease, bilateral chronic L5-S1 radiculitis, lumbar myofascial pain syndrome and chronic pain syndrome. The treatment plan included 6 sessions of cognitive behavioral therapy with 6 sessions of biofeedback, Terocin patches and Tramadol. On 11-13-2015, Utilization Review non-certified the request for 6 cognitive behavioral therapy sessions between 11-11-2015 and 01-26-2015 and 6 biofeedback therapy sessions between 11-11-2015 and 12-26-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavioral Therapy Sessions between 11/11/2015 and 1/26/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines: August, 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 co-morbid 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) recommend a more extended course of psychological 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. Following completion of the initial treatment trial, the ODG psychotherapy guidelines recommend: 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 a meta-analysis of 23 trials. A request was made for six sessions of cognitive behavioral therapy, the request was non-certified by utilization review which provided the following rationale for its decision: "The requested service was not addressed in the most recent clinical notes. Additionally, a clear rationale was not submitted by the physician as to the medical necessity of the requested service. There is no evidence the patient has been properly identified to benefit from the requested service. Given the lack of documentation, the request for six cognitive behavioral therapy sessions is non-certified." According to an additional internal utilization review report from November 30, 2015 as a part of an internal appeal of a previous non-certification it is noted that the request was modified to allow for three sessions of biofeedback and three sessions of cognitive behavioral therapy to be held between November 23, 2015 and January 7, 2016. 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. All the provided medical records were carefully considered for this review. The

provided medical records consisted of 42 pages of clinical notes, in addition to the UR communications related to this request. According to a primary treating physician progress note review of systems under the category of psychology, the following symptoms are listed: depression, anxiety, and insomnia. It was further noted that the patient "completed a PHQ-9 questionnaire to assess depression secondary to chronic pain. She scored 2, which is minimal depression. We will continue to monitor her symptoms." Besides this brief mention of the patient's psychological status, there were no psychological treatment progress notes provided no comprehensive psychological evaluation included in the medical records for consideration. The patient appears to have received prior psychological treatment, although this could not be determined definitely, as no psychological treatment notes were provided. It is unknown how much prior psychological treatment the patient has received, if any and it is not known if there was any functional benefit if any treatment was provided. In the absence of detailed and specific information regarding the patient's current psychological status, as well as her psychological treatment history, the medical necessity for this treatment request is not established and therefore the utilization review decision is upheld. The request is not medically necessary.

6 Biofeedback Therapy Sessions between 11/11/2015 and 12/26/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

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. A request was made for six sessions of biofeedback, the request was non-certified by utilization review which provided the following rationale for its decision: "MTUS guidelines do not recommend biofeedback is a stand-alone treatment, but recommended as an option in the cognitive behavioral therapy program. Given that the concurrent request for cognitive behavioral therapy was not supported, the request for biofeedback sessions is not medically necessary at this time. There were no exceptional factors noted within the documentation which would demonstrate medical necessity for the requested service outside of the recommended guidelines." According to an additional internal utilization review report from November 30, 2015 as a part of an internal appeal of a previous non-certification it is noted that the request was modified to allow for three sessions of biofeedback and three sessions of cognitive behavioral therapy to be held between November 23, 2015 and January 7, 2016. This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully considered for

this review. The provided medical records consisted of 42 pages of clinical notes, in addition to the UR communications related to this request. According to a primary treating physician progress note review of systems under the category of psychology, the following symptoms are listed: depression, anxiety, and insomnia. It was further noted that the patient "completed a PHQ-9 questionnaire to assess depression secondary to chronic pain. She scored 2, which is minimal depression. We will continue to monitor her symptoms." Besides this brief mention of the patient's psychological status there were no psychological treatment progress notes provided, and no comprehensive psychological evaluation included in the medical records for consideration. The patient appears to have received prior psychological treatment but this could not be determined definitively as there were no psychological treatment records. It is unknown how much prior psychological treatment the patient has received, if any, and it is not known if there was any functional benefit if any treatment was provided. In the absence of detailed and specific information regarding the patient's current psychological status as well as her prior psychological treatment history, the medical necessity for this treatment request is not established and therefore the utilization review decision is upheld. The request is not medically necessary.