

Case Number:	CM14-0160778		
Date Assigned:	10/06/2014	Date of Injury:	05/07/2010
Decision Date:	11/12/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/30/2014

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. The expert reviewer is Board Certified in Psychologist and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 36-year-old male who reported an injury on 05/07/2010. The mechanism of injury was not provided. The injured worker has diagnoses of episode of mental/clinical disorder, major depression, post-traumatic stress disorder, anxiety disorder, physical disorder and conditions. Past medical treatment included 8 sessions of cognitive behavioral therapy and 5 psych education group sessions. Diagnostic testing included a Beck Depression Inventory test, score of 35, which is severe depression. He also had a Beck Anxiety Inventory test on which he scored 14, which is suggestive of a mild anxious state. He also had a Pain Catastrophizing Scale, on which he scored a raw score of 11, which reflects a likely pattern of functional and constructive thinking is present as it relates to the perception and experience of pain. There was no pertinent surgical history documented. The injured worker complained of a pain rating of 3/10 in his head, back, jaw, and neck on 09/09/2014. The injured worker has been experiencing feelings of sadness, apathy, social avoidance, feelings of emptiness, fatigue, a sense of hopelessness, a lack of motivation, crying episodes, low self esteem, sleep disturbance, and loss of pleasure in participating in usual activities, loss of interest in sex, and excessive guilt. The mental status examination was consistent with his self report, and his affect was sad. The provider stated in terms of his ability to express his thoughts coherently and rationally, there were no observed deficits. The injured worker did admit to recent suicidal thoughts, but was able to contract for safety. The injured worker stated he is unable to do most activities of daily living. As such, his physical and mental deconditioning seems to be taking place, thereby complicating his rehabilitation. For example, he reported, "It is hard for him to get out of his chair sometimes." Medications included ibuprofen. The treatment plan is for cognitive behavioral therapy 10 visits over 5 to 6 weeks, biofeedback therapy 10 visits over 5 to 6 weeks,

psych education group protocol 6 sessions. The rationale for the request was not submitted. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy 10 visits ove 5-6 weeks.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23-24,102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The California MTUS guidelines state Cognitive Behavior therapy 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 function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. The documentation states the injured worker has had 8 sessions of cognitive behavior therapy; however there is no documentation of any improvement in pain or psychological improvements since the last treatment sessions. Therefore the request for Cognitive Behavior Therapy 10 visits over 5-6 weeks is not medically necessary.

Biofeedback therapy 10 visits over 5-6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: The California MTUS guidelines state biofeedback therapy 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. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. OGD 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 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Patients may continue biofeedback exercises at home. Therefore, Biofeedback therapy 10 visits over 5-6 weeks is not medically necessary.

Psycho- Education Group Protocol 6 sessions.:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 102.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, these Psycho- Education Group Protocol 6 sessions are not medically necessary.