MAXIMUS Federal Services

Case Number:	CM14-0099678		
Date Assigned:	07/28/2014	Date of Injury:	05/09/2013
Decision Date:	09/18/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 Psychology, and is licensed to practice in California. 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:

According to the records that were provided for this independent review, this patient is a 29 year-old male who reported an industrial/occupational injury on May 9, 2013 when he was lifting a very heavy and large bag of grass and leaves and he felt a pain in his lower back. He continued to work for the next week but became worse. At that time he was engaged in his normal/usual work duties in landscaping. This resulted in subsequent complaints of very severe low back pain, rated a 7 to 10 on a scale of 0-10. He has been diagnosed with Lumbago and Myalgia and Myositis, not otherwise specified. Psychologically, he has been diagnosed with: Major Depression, Panic Disorder with a r/o of Pain Disorder Associated with Both Psychological and a General Medical Condition. He reports feeling easily fatigued and having depressive symptoms including reduced energy, poor sleep, and fearfulness. He has been treated with acupuncture and conventional medical treatments. Request was made for six sessions of biofeedback, and six sessions of cognitive behavioral therapy two times per week. The requesting physician notes that the treatment is needed because of the patient being in notable psychiatric distress and failed coping and that he is presenting with complaints of increased social isolation and avoidance feelings of hopelessness and helplessness, decreased self-care, and limited functional ability. There is also indication that he is having difficulty accepting his chronic condition and medical problems without becoming depressed and anxious and panicked. The patient is also reporting panic and generalized anxiety. The request was not approved, the utilization review rationale for non-approval was that given the patient's medical and psychological symptomology that the treatment is in fact recommended but it did not follow the MTUS protocols for initial treatment. This independent medical review will address request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback x 6 Sessions Cognitive Behavavioral Therapy 2 times a Week times 6 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Chronic Pain Treatment Guidelines Medical Treatment Guidelines Cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, Official Disability Guidelines biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Cognitive Behavioral Therapy, . Also See Biofeedback Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines, June 2014 Update.

Decision rationale: There is substantial and adequate documentation of the medical necessity of the requested treatment program. The patient appears to be getting increasingly did rest and showing depressive symptomology as well as anxiety symptoms and his recovery from his injury appears delayed, and the pain is remaining at a high level. However the request for treatment does not conform with the MTUS/ODG treatment protocol. Cognitive behavioral therapy is a recommended procedure for appropriately screened patients, however an initial treatment block must be provided consists of approximately 4-6 sessions for CBT and 3-4 for biofeedback, and after this initial treatment trial has been completed additional sessions may be requested if there is documentation reflecting objective functional improvements that are measurable. The presence of severe symptomology is not sufficient, and there must be demonstration of progress being made in the treatment in terms of improved activities of daily living, reduced restrictions of work, and less dependency on future medical treatment. According to the guidelines, patients who are making progress after this initial block of treatment may have a maximum of 13-20 sessions of cognitive behavioral therapy and a total maximum of 6-10 sessions for biofeedback. The request for an initial course of treatment consisting of 12 sessions of cognitive behavioral therapy and six sessions of biofeedback negate the need to conduct an initial treatment trial and demonstrate the patient is responding appropriately to the treatment before authorizing further sessions. The request for biofeedback in particular is asking for the maximum number of sessions at the treatment outset. Because of its nonconformity to treatment protocols this request to overturn the non-certification is not medically necessary.