

Case Number:	CM14-0202080		
Date Assigned:	12/12/2014	Date of Injury:	08/30/2010
Decision Date:	01/31/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/02/2014

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 licensed in Psychologist (PHD, PSYD) 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 provided medical records, this patient is a 48 year old female who reported a work-related injury that occurred on August 30, 2010 during the course of her employment for [REDACTED]. On the date of injury she was attacked by a large (400 pound) male client who kicked her in the leg, punched her in the jaw and her neck was twisted causing spinal pain. A prior work comp injury from 2005 was sustained from a lifting injury that resulted in an anterior cervical discectomy and fusion with instrumentation. Medically, an incomplete/partial list of her diagnoses include: cervical strain/sprain, cervical disc structure, status post ACD/IF at C6-C7 2005 and C4-C5, right upper extremity radiculopathy, right shoulder and lumbar strain/sprain, right lower extremity radiculopathy. This IMR will be focused on the patient's psychological symptomology as it relates to the current requested treatments. A primary treating physician progress note from February 2014 states that the patient is "tearful and clearly depressed -no future interventions will be made without initiating aggressive behavioral management with pain psychology" and that an antidepressant medication was added. She had an initial psychological evaluation conducted on 11/14/2013 and a reevaluation on 3/27/14. It is unclear whether or not she received any psychological treatment based on the November 2013 evaluation. Psychologically, she has been diagnosed with: Psychological Factors and a General Medical Condition; Major Depressive Disorder, Recurrent Episode, Moderate. She reports irritability as a result of her pain and has bad emotional days and coping with it resultant depression, anxiety, frustration and psychosocial isolation. At the time of the reevaluation. The report concluded that she has severe depression and anxiety with poor coping and adaptation. She has been prescribed the antidepressant medication Lexipro. It was recommended that she have 8 sessions of cognitive behavioral therapy and 6 sessions of biofeedback. It appears that she began her course of psychological treatment consisting of cognitive behavioral therapy and

biofeedback neuromuscular training sometime in June 2014. A treatment progress note from 09/04/2014 states that the patient has been participating in treatment and presents with a moderately anxious mood but absent suicidal ideation and has started a walking regime and will seek out aquatic exercise opportunities. She has been compliant with her medication regime and session treatment has focused on acceptance of chronic pain. Improvements have been noted to include: "engaging in self-directed exercise, reducing behavioral avoidance, and that she is no longer suicidal." It is not clear if she received any prior courses of treatment between the time of her injury and the start of this current treatment program. A treatment progress note from her primary physician dated 10/27/2014 states that she has continued her treatment with psychology and it is been beneficial. A request was made for 8 sessions of cognitive behavioral therapy and 8 sessions of biofeedback, both were non-certified but were modified by utilization review to allow for 4 sessions of each. The utilization review rationale for the non-certification with modification was stated that the patient had received 6 therapy and biofeedback sessions with benefit to date and an additional 4 sessions would be appropriate and consistent with MTUS guidelines. This IMR will address a 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:

Cognitive behavioral therapy; 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavioral therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2, Behavioral interventions, Cognitive behavioral therapy 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, November 2014 update

Decision rationale: 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 recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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) allows for 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 progress is being 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. In some cases of Severe Major Depression or PTSD up to 50 sessions, if progress is being made. With respect to the request for 8 additional sessions of cognitive behavioral therapy, the medical records that were provided for this review were carefully considered and do appear to reflect the medical appropriateness/necessity of the request. The request appears to fall within guidelines with regards to the total recommended quantity of sessions. It appears she has received 6 sessions and utilization review allowed for 4 additional sessions and non-authorized to the remaining 4 sessions. The citation used by UR was the MTUS guidelines which specify that patients may have up to 10 sessions if progress is being made. The official disability guidelines are somewhat less restrictive and allow for up to 20 sessions if progress is being made. In this case, the patient's psychological symptomology appears to be improved but still sufficient to warrant additional sessions and the total quantity of sessions received including this request would be under the quantity 20 maximum. There was sufficient documentation of patient progress in treatment as reported by both the patient's primary treating physician and the treating psychologist. The noted improvements include increased capacity for self-directed exercise increased socialization and decreased depression as evidenced in her no longer reporting suicidal ideation. Because the quantity of sessions is not excessive, the patient appears need additional treatment due to symptomology and because there appears to be patient benefit the medical necessity has been established. Because medical necessity was established, the request to overturn the utilization review decision is medically necessary.

Biofeedback; 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines part 2, behavioral interventions, biofeedback Page(s): 24-25.

Decision rationale: 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" With regards to the request for 8 additional sessions of biofeedback/neuromuscular retraining, the patient appears to have had, although it is not entirely clear, 6 sessions as of the date of the request. Utilization review allowed for 4 additional sessions and non-authorized the remaining 4 sessions. This would bring the total number of treatment sessions provided to her to a total of 10. 10 sessions is indicated to be the maximum number of sessions of biofeedback according to the MTUS guidelines. It is further stated that after 10 sessions the patient may "continue biofeedback exercises at home." Because the patient appears

to have already reached the session maximum in terms of quantity the request for additional sessions does not appear to be medically necessary based on the treatment guidelines. Because the request for 8 sessions exceeds the maximum quantity by 4 sessions, the medical necessity is not established, and because medical necessity is not established the utilization review determination is upheld.