

Case Number:	CM14-0210898		
Date Assigned:	12/23/2014	Date of Injury:	10/10/1998
Decision Date:	02/13/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/16/2014

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 Internal Medicine 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:

The patient's injury occurred on 10/10/98. She suffered from chronic cervicothoracic pain and wrist pain. A Psych QME was done on 10/2/14 and his conclusion was that the patient had significant psychiatric symptomatology that needs to be addressed in order to facilitate her return to work. He advised group education for psychological training in dealing with her chronic pain. He also advocated biofeedback and meds prescribed by her MD to treat her depression and anxiety. However, the UR denied the authorization of these modalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback; 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 and 25.

Decision rationale: Biofeedback is not recommended as sole treatment but is an option in cognitive behavior therapy to facilitate exercise therapy and return to activity. It helps in back strengthening but has not shown to be beneficial to treat chronic back pain. It is unclear as to

whether or not it helps facilitate relaxation training and its application to treating CRPS is not well studied. The ODG guidelines recommend screening patients who are at risk for delayed recovery and have motivation to comply with a treatment regimen requiring self-discipline. Initial treatment of these patients should be physical exercise and a cognitive motivated approach to PT. Biofeedback may be added to the above treatment after a regimen of 4 weeks. This treatment may continue at home if felt to be beneficial. In the above patient we have no evidence of prior treatment with CBT. This should be done initially and if the patient demonstrates good compliance biofeedback can be added to the regimen. Therefore request is not medically necessary.

Group psych education; 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up to date topic 14666 and version 1.0. Indian Journal Palliative care-2013 Jan-April, 19, 1, 34-39. Journal: Pain vol 74, number 2, p. 276-306 .1998.

Decision rationale: Group psychoeducation is described for bipolar disease in the literature. Trials have shown it to be effective in delaying and preventing bipolar mood episodes and benefits have been shown to persist over time. Group psychoeducation of caregivers has also shown to reduce recurrences. The goal is to increase patient comprehension of the disorder and facilitate proactive care. Group sessions are interactive and include directed exercises and patient-patient interactions. Issues discussed are illness awareness symptoms, medicine options and compliance identification of prodromal states avoiding substance abuse and regulation of habits. A study done by the Indian Journal on palliative care noted that group psycho education had a significant effect in improving the well-being and reducing depression in breast cancer survivors. Also, a study done in the journal of pain evaluated a community nurse directed group psychoeducation for chronic pain. It found the results encouraging and felt that further research on this subject should be forthcoming. In the above chronic pain patient a multidisciplinary functional restoration program would probably be more beneficial for dealing with her pain and seeking employment. She would be treated by professionals who would combine exercise, home physical therapy, and psychological counseling. Group psycho education has been shown to be very beneficial for treating bipolar disorders but the literature is not conclusive for treatment of depression and it is not discussed in the MTUS. Therefore request is not medically necessary.

Psych consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluation Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stress related conditions. Page(s): 101 and 102.

Decision rationale: The chronic pain section states that in chronic pain it is often beneficial to have psychological intervention. This would include setting goals, understanding the patient's pain beliefs and cognitive functioning. The AECOM relates that cognitive behavior psychotherapy may be beneficial in stress reduction and that the idea is to change one's perception of pain, stress, and subjective approach to his disabilities and problems. This type of therapy has been found to be effective in short-term control of pain and also in treating the long term effects of pain and in facilitating return to work. The AECOM states that the initial patient assessment is critical for detecting emotional problems requiring referral to a psychiatrist. Red flag symptoms indicating an urgent referral to a psychiatrist or other mental health provider include impaired mental functioning, overwhelming symptoms or signs of substance abuse. The AECOM also states that psychological referral is often indicated if significant psychopathology or serious comorbidities are present. It also states that severe stress related depression and schizophrenia should be referred to a specialist. However, common conditions such as mild depression can be handled by the PCP. However, if the depression lasts for more than 6 to 8 weeks a psychiatric referral may be considered. Lastly, issues related to work stress or person-job fit may be handled with talk therapy with a Psychologist or other mental health professional. More serious conditions should be sent to a Psychiatrist for consideration of treatment with medication. The above patient has had chronic pain complicated by depression and anxiety for a number of years that has not been treated effectively. At this point it is beneficial that she see a psychiatrist who is specialized in the treatment of depression, anxiety and the correlation of these diseases with chronic pain. A specialized Psychiatrist would be better able to utilize CBT in order to maximize her coping skills for chronic pain. Therefore the request is medically necessary.