

Case Number:	CM14-0219190		
Date Assigned:	01/09/2015	Date of Injury:	05/28/2012
Decision Date:	03/09/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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:

This 39 year old male sustained a work related injury on 05/28/2012. According to a Psychological Evaluation on 10/20/2014, the injury occurred when the claimant fell down the stairs at work. He put his left hand out to try to stop his fall. He underwent left wrist arthroscopy then a repeat. Other treatments included physical therapy, TENS unit, medication, a stellate ganglion block and 12 sessions of counseling for depression. Diagnoses included Post Traumatic Stress Disorder in partial remission, Major Depressive Disorder, Left Upper Extremity CRPS, Status Post Left Ulnar Nerve Transposition at the Elbow and Status Post Left Wrist Arthroscopy and Lysis of Adhesions and Psychosocial Stressors severe. Recommendations included a trial of anti-depressant medication. According to therapy notes dated 10/29/2014, the injured worker complained of a burning sensation from the upper arm to the left hand as well as muscle spasms and stabbing pains in the left arm and fingers. He was noted to be more alert than in the previous session. Pain was rated a 6 on a scale of 0-10 and decreased to 5 following biofeedback-based treatment. Psychological distress included feelings of anxiety, depression, agitation and irritability secondary to chronic pain and discomfort. Recommendations included an additional 6 visits of individual psychotherapy. On 12/24/2014, Utilization Review non-certified 6 sessions of psychotherapy and 6 sessions of biofeedback. According to the Utilization Review physician, in regard to Cognitive Behavioral Therapy, the injured worker has reached the maximum number of guideline recommended sessions of therapy. Additionally, objective testing of depression, anxiety and pain catastrophizing levels show essentially no change since October. In regards to biofeedback, the injured worker had reached the maximum recommended

number of sessions and is not demonstrating functional improvement that would warrant continuation. Guidelines cited for this review included California MTUS Chronic Pain Medical Treatment Guidelines, Biofeedback and Cognitive Behavioral Therapy; Official Disability Guidelines Biofeedback and Cognitive Behavioral Therapy. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of psychotherapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Mental illness and stress chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, December 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 recommended, 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) allow 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. According to the provided medical notes, this patient has received extensive medical treatment including conventional pain medicine/physical medicine, surgical interventions, physical therapy, TENS unit, spinal cord stimulator, as well as other interventions. A comprehensive psychological evaluation was conducted on October 2014, it stated that he has received 12 sessions of counseling for his depression secondary to work disability through his Employee Assistance Program and has sought out additional counseling on his own outside of the worker's compensation system. He was referred to start cognitive behavioral treatment and biofeedback treatment with Dr. [REDACTED] and was also evaluated the first time on July 21, 2014 by a psychologist but did not start treatment for unknown reasons.

Psychological treatment appears to started on October 1, 2014 with 6 sessions authorized. According to treatment progress notes, including biofeedback, pain reduction as a result of treatment was noted after most sessions. There was also increased "ability to socialize and exercise and that he has been to the park more times in the past 3 weeks and he had in the last 6 months." The total quantity of sessions at the patient has received to date was not known. But appears to be approximately 10 sessions. Additional psychological treatment is contingent upon 3 factors: significant patient symptomology, the total quantity of sessions conforming to the recommendations in the guidelines, and documentation of objective functional improvement. The official disability guidelines state that most patients can have 13 to 20 sessions total maximum but in some cases of severe depression additional sessions up to 50 can be offered if progress is being made. With respect to this case, there is evidence of objective functional improvement and patient symptomology and although the total number of sessions at the patient has received to date was not specifically stated, appears to be reasonably safe to estimate that it is under the total maximum numbers suggested by the guidelines based on the date that he began treatment as well as the treatment progress notes that were provided and the utilization review discussion. Because of these reasons, the medical necessity of 6 additional sessions appears to be reasonable and the medical necessity has been established. Because of this the utilization review determination for non-certification is overturned.

6 sessions of biofeedback: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 independently. There were no treatment records provided whatsoever with regards to his past biofeedback sessions. There was no biometric measures before and after treatment nor was there any indication of what treatment modalities in biofeedback were being used (for example GSR, EMG, or temperature training). There was no information about the patient's response to his biofeedback treatment. It is unclear if he was being taught to use the biofeedback exercises independently at home and if so was he successful in doing so. Individual session data was not provided with respect to biometric information. This is particularly important in biofeedback be able to assess what the sessions are consisting of and results that are being achieved. Due to lack of information supporting the request for additional sessions, including prior quantity of sessions provided, it is not possible to determine if 4 additional sessions would fall within the recommended guidelines of 6 to 10 maximum over a 5

to 6 week period. Because the medical necessity of additional treatment sessions has not been established the original utilization decision is upheld. The MTUS guidelines specifically state that the patients may have 10 sessions of biofeedback and after that should be practicing the techniques independently at home. The total number of sessions the patient has received to date was not specifically stated by the primary treating therapist, but the best estimation is that he appears to have had already reached the maximum as recommended by the guidelines. Because the patient has already received the maximum quantity additional sessions would exceed the recommended guidelines for this treatment modality. Because the request would exceed the recommended guidelines the medical necessity cannot be established and therefore the utilization review determination for non-certification is upheld.