

Case Number:	CM14-0075490		
Date Assigned:	07/16/2014	Date of Injury:	04/05/2014
Decision Date:	05/28/2015	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	05/23/2014

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:

The injured worker is a 39 year old female, who sustained an industrial injury on 4/05/2014. She reported stress after being threatened by a customer. The injured worker was diagnosed as having anxiety, major depressive disorder, single episode, unspecified, and posttraumatic stress disorder. Treatment to date has included conservative measures, including psychological testing and trial of psychophysiological therapy. Currently, the injured worker complains of sleep disturbance, panic, and worry. She reported that this incident stirred up memories of a distant violent encounter, which led to her being imprisoned for 6 years. Her current medication use included Klonopin. Her mood was tense and irritable, affect teary and angry, and motor activity was fidgety. The treatment plan included a request for 6 sessions of psychotherapy (once per week or as schedule permits), 6 sessions of psychophysiological therapy (biofeedback-once per week or as schedule permits), psychotherapy session (60 minutes as needed), 4 customized compact discs, monthly psychological progress report, and psychiatric evaluation. She was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of psychophysiological therapy (Biofeedback): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement; Cognitive Therapy for Post-Traumatic Stress Disorder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chronic Pain; Cognitive Behavioral Therapy (CBT); Biofeedback therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: 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. Decision: A request was made for 6 sessions of biofeedback treatment. The request was non-certified by utilization review which did allow for a modification of the request to allow for 3 sessions. This IMR will address a request to overturn that decision. A note from the patient was found in the medical records that states "can you continue biofeedback it helps me with controlling my anger, helps me with sleeping and focus on getting back to work." This appears to suggest that the patient has already been participating in biofeedback treatment. However, no biofeedback treatment progress notes were provided in the medical records for this review. In addition, no psychological treatment progress notes were found for any psychological treatment whatsoever in the medical records other than an initial comprehensive psychological evaluation. Continued biofeedback treatment is contingent upon documentation of objectively measured functional improvement, as well as the total quantity of sessions being requested and already received being consistent with the above stated MTUS guidelines. Because the total quantity of sessions at the patient has already received is unknown it could not be determined whether additional treatment sessions conform to the MTUS guidelines. As best as can be determined from the provided medical records, UR treated this request as if it is a request to start a new course of psychological treatment with biofeedback. According to the MTUS guidelines for biofeedback, an initial brief treatment trial consisting of 3 to 4 sessions is recommended in order to determine patient's responsiveness to treatment. Contingent upon medical necessity as evidenced with documentation of patient benefit including subjective and objectively measured functional improvement additional sessions up to 6-10 can be offered maximum. After 10 sessions, it is noted that the patient should be able to use the techniques independently. If this is a request to start a new course of treatment in a patient who is not already received biofeedback care then the request for 6 sessions does not include an initial treatment trial as recommended in the MTUS guidelines, and is therefore not medically necessary. If this is in fact the request to continue biofeedback treatment, which is more likely, then as already mentioned there was no supporting documentation provided regarding her prior treatment to support this request in terms of quantity of sessions and outcome. For this reason, the medical necessity the request is not established. Because the medical necessity the request is not established the utilization review decision is upheld. This is not to say that the patient does, or does not need biofeedback treatment, as the treatment has been approved by utilization review; only the quantity of sessions/prior treatment outcome is at issue.

4 customized compact discs: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Mental Illness and Stress chapter, topic: Education. March 2015 update.

Decision rationale: The MTUS guidelines are silent with respect to the request for 4 customized compact discs. Similarly, the official disability guidelines are also silent with regards to this request. The official disability guidelines do state under the topic of education the following: Patient education, consisting of concrete, objective information on symptom management, including disease and treatment information, has been found to help reduce patient stress, especially when combined with emotional support and counseling. Patient education is recommended to provide a therapeutic intervention that reduces the symptoms and functional impairments of PTSD. Psychoeducation is especially recommended. Decision: The utilization review rationale for non-certification of this Request was stated as the following: "the search of the ACOEM, MTUS, official disability guidelines, and national guidelines clearinghouse failed to provide any evidence-based recommendations for the use of customized compact discs in the treatment of major depression/posttraumatic stress disorder. While it appears psychological intervention is necessary, there is no indication or guidance support that the use of customized compact discs will further provide psychological gains for the patient." This IMR will address a request to overturn that decision. The official disability guidelines do support the use of patient education. It does not however discuss how that education should be transmitted. The use of recorded educational materials in teaching patients to relax and decrease autonomic nervous system arousal at home can be a helpful adjunct to psychological treatment. It appears reasonable to assume that providing the patient with custom CDs to promote patient education is reasonable and medically appropriate. Therefore, the UR request is overturned and 4 customized compact discs is medically necessary.

Unknown psychotherapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement; Cognitive Therapy for Post-Traumatic Stress Disorder (PTSD).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain Page(s): 101-102; 23-24. Decision based on Non-MTUS Citation ODG: Chapter Mental Illness and Stress, Topic: Cognitive Behavioral Therapy, Psychotherapy Guidelines March 2015 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 measurable/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. Decision: a request was made for psychotherapy treatment (unknown quantity). The request was not approved by utilization review because the patient has been approved for treatment under another request. The utilization rationale for non-certification is as follows: it does not appear that any additional psychotherapy sessions that were previously certified is necessary at this time. As the patient is to trial this therapy, further visits were treatment regime adjustments can be made following the initial treatment trial documentation of evidence of medical necessity and functional improvement from the completed sessions. This IMR will address a request to overturn that decision. This request is unspecified in terms of treatment quantity. All requests for psychological treatment that reached the IMR stage must have a session quantity attached to the request in order to be considered for approval. Session requests without a specific quantity attached would be the equivalent of approving unlimited and open-ended treatment. Because the medical necessity of open ended unspecified treatment quantity is not medically necessary the request to overturn the utilization review decision is not approved.