

Case Number:	CM15-0016626		
Date Assigned:	02/04/2015	Date of Injury:	02/01/2010
Decision Date:	03/20/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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 45 year old male, who sustained an industrial injury on February 2, 2010. The diagnoses have included depressive disorder, insomnia and pain disorder. A supplemental report note dated December 3, 2014 provides the injured worker's major depressive disorder and anxiety is directly related to physical injury causing chronic pain physical liability and loss of livelihood. On December 31, 2014 utilization review modified a request for 12 visits of individual psychotherapy and biofeedback. The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of individual psychotherapy and biofeedback: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter, Behavioral Interventions section, Cognitive Behavioral Therapy (CBT) and Biofeedback section

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.

Decision rationale: Citation for psychotherapy: 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. Citation for Biofeedback: 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: On September 1, 2014 the patient had a comprehensive psychiatric/psychological evaluation conducted and was diagnosed with the following: depressive disorder not otherwise specified; pain disorder affecting both psychological factors and a general medical condition. The level of depression is rated as mild to moderate with anxiety. Psychological treatment is noted to be required for stress reduction and to assist him and coping more adequately with this physical pain as well as developing resources to cope with the chronic pain that he is had using relaxation training and cognitive behavioral therapy. The authorization of continued cognitive behavioral therapy and psychological treatment is contingent upon the following 3 factors: documentation of patient need as evidenced by a psychiatric and psychological symptomology, that the total quantity of sessions provided to date conforms to MTUS/official disability guidelines, and that there is documentation of patient benefits including objective functional improvements. A request was made for 12 sessions of individual psychotherapy and biofeedback, utilization review modified the requested downward to allow for 6 visits of individual psychotherapy and biofeedback. The rationale for this decision is that the the request for 12 sessions is being considered to be the start of a new course of treatment. According to both the official disability guidelines and the MTUS guidelines there is a

requirement that an initial brief course of treatment consisting of 3 to 4 sessions (MTUS) or 6 sessions or 6 sessions (ODG) be completed and that with documentation of patient benefited and measurable functional improvement derived from the initial brief treatment trial additional sessions, if medically necessary, may be offered. Because the patient's response to psychological treatment is unknown as there does not appear to have been any previous courses of treatment the request for 12 sessions does not account for the protocol of a brief initial treatment trial per guidelines. The utilization review determination was correct and the medical necessity is not established due to failure to follow treatment protocol. For this reason, the utilization review determination is upheld.