

Case Number:	CM15-0113987		
Date Assigned:	06/19/2015	Date of Injury:	08/08/2006
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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 56 year old, female who sustained a work related injury on 8/8/06. The diagnoses have included cervical facet arthralgia, myofascitis, status post left rotator cuff repair and right carpal tunnel syndrome. Treatments have included oral medications, Voltaren and Lidocaine topical, pain patches, physical therapy, and 18 completed cognitive-behavioral therapy sessions. In the Cognitive-Behavioral Therapy note dated 4/23/15, the injured worker complains of neck, bilateral arm, left greater than right, and hands/wrists pain. She rates her pain level a 3-6/10. She rates her stress level a 2-6/10. She is using cognitive/behavioral strategies effectively in being able to slightly decrease use of medications. She reports a slight decrease in the level of arm pain with improvements in level of function. She is consistent in the practice of her cognitive/behavioral strategies which are improving her functional coping abilities and decreasing her emotional stress. She reports increased energy, motivation and optimism. Medications are moderately effective at managing pain and highly effective in managing depression. The treatment plan includes a request for six additional visits of cognitive-behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive-behavioral therapy times 6, performed concurrently over 3 months: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two, Behavioral Interventions, and Psychological Treatment; see also ODG Cognitive Behavioral Therapy Guidelines for Chronic Pain. Pages 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: Citation Summary: 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 documented that CBT has been done and progress has been 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. Psychotherapy lasting for at least a year or 50 sessions is more effective than short-term psychotherapy for patients with complex mental disorders according to the meta-analysis of 23 trials. Decision: Continued psychological treatment is contingent upon the establishment of the medical necessity of the request. This can be accomplished with the documentation of all of the following: patient psychological symptomology at a clinically significant level, total quantity of sessions requested combined with total quantity of prior treatment sessions received consistent with MTUS/ODG guidelines, and evidence of patient benefit from prior treatment including objectively measured functional improvements. The patient has been actively engaged in cognitive behavioral psychotherapy with biofeedback sessions. Based on the provided medical records, the patient appears to remain symptomatic from a psychological perspective as a consequence of his industrial related injury. The patient appears to have made significant progress as a result of his prior psychological treatment as evidenced in increased functioning, decreased suicidal ideation and pain levels. The total quantity of sessions at the patient has received to date is reported to be 18 visits although this could not be determined definitively. The request for additional 6 sessions exceeds official disability treatment guidelines for this treatment modality which specify a typical course consisting of 13 to 20 visits maximum for most patients. There is however an ODG guideline that states that for patients with Severe Major Depression or PTSD additional sessions up to 50 maximum can be offered contingent on medical necessity. The patient's diagnosis does not reflect a diagnosis of severe major depression

or PTSD, And is listed as depressive disorder not otherwise specified; however, the symptoms that he is experiencing do reflect some of the symptomology involved in severe major depression (suicidal ideation). Although this request would bring the total of sessions received to date to 24, and this would slightly exceeding guidelines, an exception can be made in this case due to documentation supporting this patient's benefit from prior treatment and symptomology of Severe Major Depression. These final 6 sessions to be considered phaseout and transition to termination of treatment based on the official disability guidelines recommendations for session quantity. The finding of medical necessity and appropriateness of the requested treatment is supported and therefore the utilization review determination is overturned. The request is medically necessary.

Biofeedback times 6, performed concurrently over 3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Pages 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. A request was made for 6 additional biofeedback sessions performed concurrently over 3 months; the request was non-certified by utilization review with the following provided rationale: The provided note documents symptoms and signs of depression. However, the patient has already had 12. CA MTUS allows for up to 14 sessions. The patient should be able to utilize the skills learned with home meditation. Therefore the request is not medically necessary or appropriate." This IMR will address a request to overturn the utilization review decision. The MTUS guidelines specifically state that for the use of biofeedback the typical course of treatment should consist of 6 to 10 sessions. Based on the provided medical records the patient has received at least 18 of these sessions to date. Therefore, the request for 6 additional sessions would bring the total to 24 sessions more than double the recommended quantity. Although the patient appears to remain the symptomatic and it has been benefiting from his psychological treatment, the MTUS guidelines specify that at this juncture the patient should be capable of using the procedures learned independently at home to induce the relaxation response. Unlike the cognitive behavioral therapy official disability guidelines there is no exception made based on diagnosis to allow for an extension of this treatment modality. For this reason, the medical necessity the requested treatment is not established and therefore the utilization review determination for non-certification is upheld. The request is not medically necessary.

