

Case Number:	CM15-0118099		
Date Assigned:	06/26/2015	Date of Injury:	02/04/2015
Decision Date:	07/29/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/19/2015

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 28 year old female, who sustained an industrial injury on 2/04/2015, resulting from a dog bite to her backside, while employed as an engineering estimator. The injured worker was diagnosed as having posttraumatic stress disorder. Treatment to date has included tetanus vaccination, modified work status, and medications. An initial psychological report (5/12/2015) was submitted. The injured worker worked modified status until 4/17/2015, when she returned to the field for the first time since the dog bite. She heard a dog barking and saw it running down the street. She collapsed and started crying uncontrollably. She attempted to return to work but was unable to concentrate and be productive. She had begun to see an Employee Assistance Program therapist and thought she was making progress, until she encountered a dog on her first return to the field. Currently, the injured worker complains of "can't stop crying and can't control my emotions." Her medications included Prozac, an antibiotic, medicated cream for elbow tendinitis, and medicated cream for stress induced acne. Her history included previous mental health treatment as a child (age 5) following molestation and again after a difficult breakup two years ago. After evaluation, the treatment plan included psychotherapy in conjunction with biofeedback sessions x 6, substitution combination psychotherapy/biofeedback sessions on occasion with a psychotherapy session (60 minutes), and customized compact discs x 4. She was temporarily totally disabled on a psychological basis and was currently not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Substitute combination (psychotherapy/biofeedback) sessions on occasion with a psychotherapy session (60 minutes): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines biofeedback therapy guidelines and psychotherapy guidelines.

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. 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: 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. A request was made for "substitute combination (psychotherapy/biofeedback) sessions on occasion with a psychotherapy session (60 Minutes). The request was non-certified by utilization review of the following provided rationale: "Support for the medical necessity of psychotherapy in conjunction with biofeedback sessions is provided above. As such, a request for random substitution of treatment modality may hinder or obscure the progress to be made in the above requested modalities. If the above modalities fail, then alternatives can be considered. Therefore this request is considered medically unnecessary." This IMR will address a request to overturn the utilization review decision. This request was made in conjunction with a request for "psychotherapy (x 6) in conjunction with psychophysiological therapy (biofeedback) (x 6) which was approved by utilization review. This request appears to be one that would afford the therapist a certain degree of flexibility in the treatment plan to allow for a substitution of a psychotherapy session instead

of a biofeedback session. The request itself is nonspecific in terms of quantity and while it is understandable that a certain degree of flexibility in a psychological treatment process is desirable the request itself is non-specific and therefore cannot be approved as requested. In addition, this appears to be a request to initiate a new course of psychological treatment, if this is accurate, the request needs to take the form of an initial brief treatment trial (3-4 session per MTUS or up to 6 sessions per ODG) in which further sessions are contingent upon the establishment of medical necessity as evidenced by objectively measured functional improvement. By changing some of the biofeedback sessions into psychotherapy sessions it would in effect increase the quantity of sessions being requested for psychological treatment in advance of the establishment of medical necessity based on the initial brief treatment trial outcome her MTUS/ODG. Therefore and for these reasons the medical necessity of this request is not established and therefore the utilization review de termination for non-certification is upheld.

Customized compact discs (x4): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 389.

Decision rationale: A request was made for authorization provision of 4 customized compact discs (40 dollars each) that will serve to further her ability to generalize treatment to work, home, or vocational setting. The request was non-certified by utilization review which provided the following rationale for its decision: "there is no evidence in the peer-reviewed literature to support the use of customized compact discs, therefore the request is considered medically unnecessary." This IMR will address a request to overturn the utilization review decision. The ACOEM guidelines state that patient education is a cornerstone of effective treatment. Patients may find it therapeutic to understand the mechanism and natural history of the stress reaction and that it is a normal occurrence when their resources are overwhelmed. Education also provides the framework to encourage the patient to enhance his or her coping skills, both acutely and in a preventative manner by regularly using stress management techniques. Physicians, ancillary providers, support groups, and patient-appropriate literature are all educational resources. The use of educational materials such as handouts and recorded relaxation sessions is an important part of psychological pain management treatment. Educational materials are routinely given to patients during the course of treatment to reinforce treatment sessions as well as to highlight specific topics. In this case the request for provision for providing 4 customized compact discs at a cost of \$40 each appears to be excessive and it is not clear why this provision of educational materials would not be automatically included in the context and cost of the authorized treatment sessions that have been approved. Therefore, the medical necessity the request is not established and the utilization review determination is upheld.