

Case Number:	CM15-0125903		
Date Assigned:	07/10/2015	Date of Injury:	02/27/2013
Decision Date:	08/07/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	06/30/2015

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 female who sustained an industrial /work injury on 2/27/13. She reported an initial complaint of pain with multiple trauma (left rib cage, fractured scapula, left fractured clavicle, lumbar injury, hemopneumothorax and head injury). The injured worker was diagnosed as having adjustment disorder, with depressed mood and cognitive disorder. Treatment to date includes medication, psychotherapy, biofeedback, and cognitive retraining. Currently, the injured worker complained of increased depression over the past two sessions with associated sleep disturbance. Per the physician's report on 5/5/15, exam reported mild anxiety and depression. The requested treatments include Psychotherapy (6 sessions) and Biofeedback (6 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy (6 sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 Official Disability Guidelines (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. Decision: A request was made for outpatient psychotherapy 6 sessions and biofeedback 6 sessions the request was on certified by utilization review of the following provided rationale: "the claimant was injured over to who use ago and has been treated with an unknown number of sessions of individual psychotherapy, medications, 6 sessions of biofeedback, and 25 sessions of cognitive retraining. She was diagnosed with an Adjustment Disorder with Depressed Mood and Cognitive Disorder Not Otherwise Specified. Evidence of objective functional improvement is not provided in the submitted documentation... Given a lack of evidence of functional improvement as a result of individual psychotherapy and biofeedback the request for 6 additional sessions does not meet current guidelines for approval." This IMR will address a request to overturn the utilization review decision. According to an Agreed Medical Examination it is noted that "she has been treated in the past with a cognitive behavioral approach to psychotherapy in the office of Dr. David Green where she also saw Dr. Parker... It was noted that she has been participating in biweekly psychotherapy sessions and that there has been some improvement. She notes that she is completing the psychotherapy with Dr. Parker and currently reports that she is feeling close to having achieved maximum benefit with the psychotherapeutic process." She's also been followed by a psychiatrist for depression and prescribed Prozac which was increased to 80 mg a day. The report continues by discussing that the patient continues to have very significant psychological symptoms of depression and anxiety including phobic reaction. 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 medical necessity of this request for continued psychological treatment was not established by the provided documentation. Although there are clear

indications that the patient has received a significant amount of psychological treatment, there were no psychological treatment progress reports or treatment summaries provided from the patient's primary treating therapists. Medical necessity needs to be established prior to the authorization of additional treatment. This would include listing the total number of sessions at the patient has received to date as well as detailed information regarding patient benefit from the prior treatment including objectively measured functional improvements, if any. In addition there is no comprehensive treatment plan provided or details with regards to the patient's prior psychological treatment. It is unclear and unstated what the purpose of additional treatment sessions would be and in fact there is a notation that the patient feels that after completing one already authorized session that she would feel that her psychological treatment has been completed. Because of these reasons the medical necessity of this request is not established and therefore the utilization review decision for non-certification is upheld and not medically necessary.

Biofeedback (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions - ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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. Decision: A request was made for outpatient psychotherapy 6 sessions and biofeedback 6 sessions the request was on certified by utilization review of the following provided rationale: "the claimant was injured over two years ago and has been treated with an unknown number of sessions of individual psychotherapy, medications, 6 sessions of biofeedback, and 25 sessions of cognitive retraining. She was diagnosed with an Adjustment Disorder with Depressed Mood and Cognitive Disorder, Not Otherwise Specified. Evidence of objective functional improvement is not provided in the submitted documentation. Given a lack of evidence of functional improvement as a result of individual psychotherapy and biofeedback the request for 6 additional sessions does not meet current guidelines for approval." This IMR will address a request to overturn the utilization review decision. All the provided medical records were carefully reviewed for this IMR. The patient has apparently received some biofeedback treatment in the past, however there is no psychological treatment progress notes regarding how many sessions she has received. The MTUS guidelines recommend only 6 to 10 sessions of biofeedback and that should be provided in conjunction with ongoing psychological treatment program. In the absence of any information regarding the patient's prior biofeedback treatment sessions including session quantity and outcome, and because biofeedback is supposed to be administered in the context of an ongoing cognitive behavioral or psychological treatment program which has not been approved, the medical necessity of this request is not established and therefore the utilization review decision is upheld and not medically necessary.