

Case Number:	CM15-0125928		
Date Assigned:	07/10/2015	Date of Injury:	10/29/2012
Decision Date:	08/07/2015	UR Denial Date:	06/11/2015
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 37 year old female, who sustained an industrial injury on 10/29/12. She reported head pain. The injured worker was diagnosed as having anxiety, depression, and insomnia. Other diagnoses included cervical spine, thoracic spine, and lumbar spine sprain with musculoligamentous stretch injuries, sprain/strain of the left shoulder with partial thickness rotator cuff tear, sprain/strain of the left wrist with De Quervain's tenosynovitis, and sprain/strain of the left hand. Treatment to date has included physical therapy, acupuncture, psychological treatment, bio treatment, and medication. Currently, the injured worker complains of depression, anxiety, worry, headaches, and sleep problems. Other complaints included pain in bilateral shoulders, neck, back, left arm, and bilateral legs. The treating physician requested authorization for 6 psychological treatments and 6 biofeedback treatment sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 psychological treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter.

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. A request was made for 6 psychological treatments, the request was modified by utilization review to allow for 4 sessions with the following provided rationale: "psychological treatments appear indicated at this time. As the patient continues to suffer from pain and dysfunction despite multiple conservative care attempts, and in addition the severity of resultant psychological disorders, psychological treatment is warranted however guidelines recommend only up to 4 initial visits in order to determine efficacy of care making modification of the request..." This IMR will address a request to overturn the utilization review decision and allow all 6 requested sessions. The request for psychological treatment appears appropriate for this patient this juncture. According to an April 2, 2015 Comprehensive initial pain management psychological evaluation, The patient was diagnosed with depressive disorder not otherwise specified, anxiety disorder not otherwise specified and primary insomnia. Psychological treatment was recommended at that juncture. However the MTUS guidelines recommend an initial brief treatment trial consisting of 3-4 sessions. The purpose of the brief initial treatment trial is to determine whether or not the patient is responding to the treatment. Additional sessions are contingent upon the establishment of medical necessity which can be demonstrated via objectively measured indices of functional improvement (some examples include: increased activities of living decreased work restrictions, decreased reliance on future medical care or medications, increased socialization and exercise etc.). Because the request for 6 sessions of slightly exceeds treatment guidelines by 2 sessions the medical necessity the request is not established. This is not say the patient does or does not need psychological treatment -only that the request is not conforming with MTUS guidelines and therefore is not medically necessary and the utilization review determination is upheld for modification. 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.

6 biofeedback treatment sessions: Upheld

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

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 6 biofeedback sessions, the request was modified by utilization review to allow for biofeedback sessions with the following provided rationale: "biofeedback therapy appears indicated at this time... The performance of biofeedback therapy in conjunction with the concurrently certified cognitive behavioral therapy sessions is warranted. However, guidelines only recommend up to 4 initial visits in order to determine efficacy of care, making modification of the request necessary." This IMR will address a request to overturn the utilization review decision authorize all 6 of the requested biofeedback sessions. Biofeedback treatment does appear indicated for this patient at this time and the California MTUS guidelines state that biofeedback is a recommended treatment modality. California MTUS guidelines recommend 6 to 10 sessions maximum of biofeedback training noting that at the completion of the tent session the patient should be able to utilize biofeedback techniques independently at home. However, biofeedback should not be provided in a stand-alone fashion and only in conjunction with an ongoing cognitive behavioral therapy for psychological pain treatment program. In this case because only 4 sessions of cognitive behavioral therapy for psychological pain treatment have been approved the 2 additional sessions would be excessive and not conforming with industrial guidelines. Therefore the utilization review determination is upheld, the request is not medically necessary.

