

Case Number:	CM15-0022849		
Date Assigned:	02/12/2015	Date of Injury:	01/06/2014
Decision Date:	05/26/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/06/2015

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 male, who sustained an industrial injury on 01/06/2014. The initial complaints or symptoms included pain/injury to the cervical spine and bilateral shoulders. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, psychological therapy, and injections. Per the progress note dated 01/09/2015, the injured worker reports a reduction in his hydrocodone use (from 2 tablets to 1 tablet), and benefit from acupuncture and biofeedback. The session was focused on helping the injured worker to further reduce his hydrocodone use. The diagnoses include pain disorder associated with psychological factors and medical condition, degenerative cervical intervertebral disc, cervicgia, and chronic pain. The treatment plan consisted of continued cognitive therapy (6 additional sessions), continued biofeedback (6 additional sessions), and medications (Norco and Ultram).

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue cognitive therapy x6: Upheld

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

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 Page(s): 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 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. 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 session including objectively measured functional improvement. A primary treatment progress note dated September 23, 2014 indicates that the patient had his first biofeedback session but was not authorized to continue with [REDACTED] as she is not in his MPN. The patient had a psychological consultation on October 10, 2014. This comprehensive psychological report concluded that the patient suffers from "mild chronic pain syndrome absent clinical depression or anxiety disorder and that he is not grossly overwhelmed by the demands of his medical and pain condition." The report also indicates that he is not interested in pursuing offered surgical interventions but "is motivated to try to expand his repertoire of coping skills." According to a primary treating psychologist progress note from 11/14/2014 the patient participated in cognitive behavioral therapy to reduce pain and disability and promote returned to productive activity and presented with a euthymic mood and was taught ways of coping with chronic pain. He was instructed in the principles of self-management. There was no indication in the progress note that was provided of the total quantity of sessions at the patient has received. Nor was there any indication in the provided progress note of any treatment progress or objectively measured functional improvements based on treatment. Another similar treatment progress note from December 5, 2014 was noted that he was seen with his spouse to address his frequent irritability and they discussed communication techniques to reduce tension. This treatment progress note also did not contain any mention of patient benefited or progress as a result of the treatment nor did it mention how many sessions the patient has already received to date. The provided psychological progress notes do not indicate the cumulative and total quantity of sessions at the patient has received, in addition they do not discuss patient benefit in terms of objectively

measured functional improvement. These are the standards upon which additional sessions can be authorized. There was no objectively measured indices of change provided. Because the progress notes do not meet this standard of care nor do they contain an active treatment plan with goals and estimated dates of accomplishment as well as treatment goals already accomplished, the medical necessity of the request was not established. This is not to say that the patient does, or does not need additional treatment only that the medical necessity of this request was not established by the documentation that was provided.

Continue biofeedback x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Page(s): 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 primary treatment progress note dated September 23, 2014 indicates that the patient had his first biofeedback session but was not authorized to continue with [REDACTED] as she is not in his MPN. The patient had a teen psychological consultation on October 10, 2014. This comprehensive psychological report concluded that the patient suffers from "mild chronic pain syndrome absent clinical depression or anxiety disorder and that he is not grossly overwhelmed by the demands of his medical and pain condition." The report also indicates that he is not interested in pursuing offered surgical interventions but "is motivated to try to expand his repertoire of coping skills." It appears that the patient has received at a very minimum 8 sessions of biofeedback. The MTUS guidelines allow for a course of biofeedback training of 6 sessions up to 10 sessions maximum with sufficient documentation of patient objectively measured functional improvements. Although the biofeedback treatment progress notes do reflect patient benefit from the treatment, he appears to have received nearly the maximum allowed quantity under the MTUS guidelines; an additional 6 sessions would bring the total to 14, which would exceed the maximum quantity of sessions. For this reason, the medical necessity of the request for additional biofeedback treatment is not found to be medically necessary based on the MTUS guidelines for which this decision is based.

