

Case Number:	CM15-0064412		
Date Assigned:	04/10/2015	Date of Injury:	07/04/2012
Decision Date:	05/12/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/06/2015

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 70 year old female, who sustained an industrial injury on 7/4/2012. She reported falling down some stairs. The injured worker was diagnosed as having depression, a sprain of the shoulder, knee and neck, traumatic arthropathy and osteoarthritis. There is no record of a recent diagnostic study. Treatment to date has included cognitive behavioral therapy, physical therapy, chiropractic care, acupuncture, injections and medications. In a progress note dated 3/13/2015, the injured worker complains of right knee pain, worry, depression and insomnia. The treating physician is requesting 6-10 sessions of cognitive behavioral therapy and biofeedback therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 6-10 visits (one time weekly over 5-6 weeks): Overturned

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. Decision: this request for 6-10 sessions one time weekly over 5-6 weeks was modified by utilization review to allow for 6 sessions and non-certified the remaining 4 sessions. Continued psychological treatment is contingent upon the establishment of medical necessity. Medical necessity can be established with documentation of all of the following: patient psychological symptomology the clinically significant level, total quantity of requested treatments in addition to prior sessions consistent with MTUS/ODG guidelines, and evidence of patient benefited including objectively measured functional improvement. In this case, all 3 of these were adequately established by the provided documents. Although the total quantity of sessions at the patient has received to date was somewhat difficult to determine it appears that she has received to date only 6 sessions based on a notation in a recent January 2015 QME report. Any further requests for psychological treatment, if medically needed, must more clearly state the total quantity of sessions the patient has received since the time of her injury. Because medical necessity/appropriateness of the request was established, the utilization review determination is overturned.

Biofeedback Therapy 6-10 visits (one time weekly over 5-6 weeks): 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: Although the provided documents for this IMR adequately addressed the patient's prior cognitive behavioral therapy, it did not adequately address the patient's biofeedback treatment history. There was insufficient documentation of prior biofeedback treatments to establish the medical necessity of this approach. The MTUS guidelines state that patients may have up to 10 sessions' maximum and then should use biofeedback techniques independently at home. It could not be determined how much of this treatment modality has already been provided, however because the request is for 6 to 10 sessions the request would likely exceed this maximum guideline. In addition, there was no detailed discussion of the patient's response to treatment and it's unclear what forms of biofeedback she has been receiving. For these reasons the medical necessity the request is not been established and therefore the utilization review determination for non-certification is upheld.