

Case Number:	CM15-0072864		
Date Assigned:	04/23/2015	Date of Injury:	10/02/2012
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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:

This 55-year-old male sustained an industrial injury to bilateral knees and right ankle via cumulative trauma on 10/2/12. Previous treatment included magnetic resonance imaging, boot, physical therapy, injections, trigger point injections, right ankle-foot orthosis, psychotherapy and medications. In a PR-2 dated 3/26/15, the injured worker complained of ongoing right foot, ankle and knee pain rated 8/10 on the visual analog scale. The injured worker reported developing more and more pain in the low back as a result of his antalgic gait. The injured worker had recently been seen by an orthopedic surgeon with recommendation for right ankle fusion. The injured worker also complained of feeling more depressed with anxiety, weight gain, decreased cognitive function and visual disturbances. Current diagnoses included right knee medial meniscus tear, right ankle avascular necrosis, left knee internal derangement, depression, anxiety, medication induced gastritis, left hip strain and diabetes mellitus. The treatment plan included medications (Norco, Anaprox, Prilosec, Metformin, Halcion and Medicinal Marijuana), follow up with orthopedic ankle specialist, continuing treatment plan included with the psychiatrist, continuing physical therapy, and 10 individual cognitive behavioral therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines: 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 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: Citation Summary: 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: 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. This request for cognitive behavioral therapy is not supported as being medically necessary by the provided documents. The quantity of sessions being requested was not provided on the application received for this IMR. The utilization review response indicates that perhaps the quantity is 6 sessions being requested however this could not be determined definitively and the IMR process relies on the quantity of sessions being placed on the application. The patient apparently has received over a year and a half of cognitive behavioral therapy although there were no treatment progress notes provided for consideration nor was any clinical summary of his prior treatment provided. Because of lack of documentation, there was no documentation of objectively measured functional improvement based on prior treatment nor was there any documentation of the total quantity of sessions that the patient is already received to date. It appears that this request for additional sessions may quite well be exceeding the

treatment guidelines however this could not be determined definitively. In the absence of sufficient documentation of prior treatment history including objectively measured functional improvements, the medical necessity of this request is not established. Because medical necessity of the request is not established, the utilization review determination for non-certification is upheld. The request IS NOT medically necessary.

Neurocognitive Assessment (One Time Consult): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Psychological Evaluations Page(s): 100-101. Decision based on Non-MTUS Citation Official disability guidelines, Chapter Head, topic: Neuropsychological testing. March 2015 update.

Decision rationale: Citation Summary; Recommended for severe traumatic brain injury, but not for concussions unless symptoms persist beyond 30 days. For concussion/ mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury, but should symptoms persist beyond 30 days, testing would be appropriate. Neuropsychological testing should only be conducted with reliable and standardized tools by trained evaluators, under controlled conditions, and findings interpreted by trained clinicians. Moderate and severe TBI are often associated with objective evidence of brain injury on brain scan or neurological examination (e.g., neurological deficits) and objective deficits on neuropsychological testing, whereas these evaluations are frequently not definitive in persons with concussion/mTBI. There is inadequate/insufficient evidence to determine whether an association exists between mild TBI and neurocognitive deficits and long-term adverse social functioning, including unemployment, diminished social relationships, and decrease in the ability to live independently. Attention, memory, and executive functioning deficits after TBI can be improved using interventions emphasizing strategy training (i.e., training patients to compensate for residual deficits, rather than attempting to eliminate the underlying neurocognitive impairment) including use of assistive technology or memory aids. (Cifu, 2009) Neuropsychological testing is one of the cornerstones of concussion and traumatic brain injury evaluation and contributes significantly to both understanding of the injury and management of the individual. The application of neuropsychological (NP) testing in concussion has been shown to be of clinical value and contributes significant information in concussion evaluation, but NP assessment should not be the sole basis of management decisions. Formal NP testing is not required for all athletes, but when it is considered necessary, it should be performed by a trained neuropsychologist. Decision: The patient's industrial related injuries include areas related to his ankle and foot and knee. The patient also received a psychiatric evaluation in December 2014 and another psychological evaluation was conducted on October 24, 2013. The patient recently had a psychological evaluation on February 27, 2015 this included some screening tools that indicated the patient was having cognitive difficulties. This February 2015 evaluation possibly maybe the one that is being requested for authorization however that is not clear. There is no indication of head injury whatsoever in the medical records that were received for consideration that would account for industrial injury related neurocognitive difficulties. This request for

Neurocognitive assessment/testing is not supported as medically necessary by the medical records that were provided, nor is a clear rationale for the reason for the request clearly stated and readily found in the provided medical records. Because the rationale for the request is unclear, and because it appears to be redundant as the patient has had at least two and perhaps more prior psychological evaluations, and because there is no documentation provided whatsoever regarding prior psychological treatment sessions or treatment history, the medical necessity of the request is not established and therefore the utilization review determination for non-certification is upheld. The request IS NOT medically necessary.

Biofeedback, times 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Biofeedback Page(s): 101-102, 24. Decision based on Non-MTUS Citation Official Disability Guidelines: Biofeedback Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: Behavioral Interventions, Biofeedback Page(s): 24-25.

Decision rationale: Citation Summary: 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. The medical necessity of the request for 6 sessions of biofeedback was not established by the documentation provided for this review. There is no prior psychological treatment history although the patient clearly has been participating in prolonged psychological treatment. No treatment progress notes regarding past therapy were provided nor was there a detailed clinical summary of prior psychological treatment. It is unclear whether or not the patient has already received biofeedback treatment and if so how much and what was the outcome of the treatment. The MTUS guidelines for biofeedback state that it's not to be used as an independently freestanding treatment modality but can be used in the context of a cognitive behavioral therapy program. At this juncture it does not appear the patient is approved for additional cognitive behavioral treatment due to having already received a significant amount of CBT with unknown results. For this reason the medical necessity of biofeedback treatment 6 sessions was not established in the utilization review finding for non-certification is upheld. The request IS NOT medically necessary.