

Case Number:	CM15-0075360		
Date Assigned:	04/27/2015	Date of Injury:	02/28/2015
Decision Date:	05/29/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/20/2015

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 55 year old male injured worker suffered an industrial injury on 02/28/05. The diagnoses included depressive disorder and psychological factors affecting medical condition. The injured worker had been treated with psychoactive medications. On 2/23/2015, the treating provider reported depression, changes in appetite, sleep disturbance, lack of motivations, excessive worry and restlessness. On exam the injured worker presented with depressed facial expression with visible anxiety and emotionally withdrawn. The treatment plan included Cognitive Behavioral Psychotherapy and Biofeedback Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy (CBT, 6-sessions over 3 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Mental Illness & Stress Procedure Summary, 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 and 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 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: A request was made for cognitive behavioral therapy (CBT, 6 sessions over 3 months), the request was number one certified by utilization review which offered a modification to allow for 4 visits over 3 months noting that additional treatment will require documentation of objective functional progress during treatment trial and medical necessity for continued care. The utilization review determination is correct in that it is following appropriate MTUS/official disability guidelines protocol, which recommend an initial brief treatment trial consisting of 3 to 4 sessions (MTUS) as a initial treatment trial. The treatment trial is requested in order to determine whether or not the patient is responding to the treatment reasonable functional improvement. Because the request for 6 sessions does not follow the MTUS protocol for an initial treatment trial, the medical necessity of the request is not established. Therefore, the request is not medically necessary.

Biofeedback Sessions (6-sessions over 3 months): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

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. A request was made for biofeedback sessions (6 sessions over a three-month period), the request was non-certified by utilization review without a modification offered. The rationale provided for this decision by utilization review was "the claimant is authorized for trial cognitive behavioral psychotherapy. Is appropriate for the claimant to undergo simple relaxation as a part of CBT at this time." This IMR will address a request to overturn that decision. The patient has a date of injury of nearly a decade ago and is status post 5 spinal surgeries, he is currently being treated with psychiatry and was approved for an initial treatment trial of cognitive behavioral therapy. Given the extensive efforts to help the patient with conventional medical treatment as well as the delayed recovery, and continuation of chronic pain, and that it does not appear that the patient has received biofeedback treatment based on the medical records provided for this review, the adjunctive use of biofeedback treatment is noted to be a recommended option in some cases of cognitive behavioral therapy treatment and this appears to apply in this case. The requested procedure appears to be medically necessary, reasonable, and appropriate. The request technically does not follow the MTUS guidelines, which recommend 3 to 4 sessions initially as a treatment trial with a maximum of 10 with documentation provided of medical necessity/objectively measured functional changes as a result of the initial treatment trial. Although this is sufficient reason to not allow for the request to be approved, in this case an a rare exception can be made for the sake of offering the patient an opportunity to receive maximum benefit from the treatment however any additional request for treatment (for maximum would be allowed under current guidelines) must include evidence of patient benefit, including objectively measured functional improvement, as well as biofeedback biometric data of prior treatment received during the initial treatment trial which in this case has been slightly extended by 2 sessions. Because medical reasonableness of the request is been established the utilization review determination for non-certification is overturned to allow for 6 sessions of biofeedback.