

Case Number:	CM15-0091387		
Date Assigned:	05/15/2015	Date of Injury:	01/22/2015
Decision Date:	06/23/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/12/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine

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 31 year old male who sustained an industrial injury on 1/22/2015, due to cumulative trauma. The injured worker was diagnosed as having panic disorder, unspecified depressive disorder, and psychological factors affecting medical condition. Treatment to date has included psychological evaluation and treatment. On 2/17/2015, the injured worker complained of headaches, digestive symptoms, nervous system symptoms, nausea, weight loss, panic attacks, sleep disorder, and psyche damage. He reported depression, anxiety, irritability, and insomnia. Persisting symptoms of depression included changes in appetite, sleep disturbance, and difficulty thinking. He experienced stress-intensified medical symptoms, including headache, muscle tension, nausea, vomiting, chest pain, peptic acid reaction, constipation, and possible stress aggravated high blood pressure. He reported difficulty staying asleep and falling asleep due to depression and worry. He was prescribed no recent medication. Psychological testing noted Beck Depression Inventory score 22, Beck Anxiety Inventory score 30, Beck Suicidal Ideation score 0, Insomnia Severity Index score 4 (noted as indicative of no significant insomnia), Neuroticism Scale Questionnaire was within normal limits, and Minnesota Multiphasic Personality Inventory-2 was abnormal. The psychologist recommended cognitive behavioral psychotherapy, 6 over 45 days, biofeedback sessions, 6 over 45 days, medication management sessions, 2 over 3 months or more, and consultative medical referral with internal medicine for symptoms (headache, nausea, vomiting, chest pain, peptic acid reaction, constipation, and possible stress aggravated high blood pressure), with a referral for sleep study. The evaluating psychologist noted that there would be provision of psychotropic medication

evaluation and management, with prescriptions provided as needed; however, no medication was prescribed. On 5/5/15, Utilization Review (UR) non-certified or modified requests for the items currently under Independent Medical Review, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Psychotherapy, six sessions over 45 days: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations and treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: cognitive behavioral therapy (CBT), cognitive therapy for depression.

Decision rationale: Per the MTUS, psychological evaluations are recommended with selected use in pain problems and the chronic pain populations. Psychological interventions are recommended for appropriately identified patients during treatment of 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 function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy (CBT) and self-regulatory treatments have been found to be particularly effective. The MTUS for chronic pain states that an initial trial of 3-4 psychotherapy visits over 2 weeks is recommended, and that with evidence of functional improvement, there may be a total of 6-10 visits over 5-6 weeks. The ODG states that cognitive behavior therapy for depression is recommended. Regarding cognitive therapy for the treatment of depression, the ODG states that studies show that a 4 to 6 session trial should be sufficient to provide evidence of symptom improvement. The ODG states that up to 13-20 visits for psychotherapy over 7-20 weeks are indicated if progress is being made, and in cases of severe major depression or post-traumatic stress disorder, up to 50 sessions are indicated if progress is being made. In this case, the treating psychologist recommended use of cognitive behavioral therapy for the treatment of depression. The Utilization Review determination considered the use of CBT in light of the chronic pain guidelines, and modified the request for 6 sessions to authorize 4 sessions. As this injured worker has a diagnosis of depression rather than chronic pain, and as the guidelines recommend a 4 to 6 session trial of cognitive therapy for depression, the request for Cognitive Behavior Psychotherapy, six sessions over 45 days is medically necessary.

Biofeedback, six sessions over 45 days: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400, Chronic Pain Treatment Guidelines biofeedback Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: treatment of PTSD.

Decision rationale: The MTUS provides specific recommendations for psychotherapy in cases of chronic pain. A trial of biofeedback as a component of a CBT program is an option, with results of treatment determined by functional improvement. Biofeedback as a stand-alone treatment is not recommended. The ACOEM notes that the psychology literature addresses biofeedback for stress and anxiety, and states that autogenic training and biofeedback are other relaxation methods designed to empower individuals to self-regulate physiologic responses. The ODG does not address biofeedback in the treatment of depression. The MTUS and the ODG do not make specific recommendations for the number of biofeedback sessions for the treatment of depression and anxiety. The Utilization Review determination denied the request for biofeedback, citing a requirement for a trial of cognitive behavioral therapy prior to the incorporation of biofeedback; however, the guideline cited addresses use of biofeedback and CBT for pain in conjunction with a physical medicine exercise program, rather than for treatment of depression and anxiety, and the guideline does not specifically state that a trial of CBT must precede use of biofeedback. This injured worker has depression and anxiety. The request for CBT has been determined to be medically necessary, and the MTUS does state that a trial of biofeedback as a component of a CBT program is an option. The ACOEM notes that biofeedback is used in the treatment of stress and anxiety. As such, the request for Biofeedback, six sessions over 45 days is medically necessary.

Medication Management, two sessions over three months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, 401-402, Chronic Pain Treatment Guidelines p. 23: behavioral interventions, p. 101-102 psychological treatment Page(s): 23, 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: office visits.

Decision rationale: The ACOEM states that specialty referral may be necessary when patients have significant psychopathology or serious medical comorbidities. The MTUS recommends psychological treatment for appropriately identified patients during treatment for chronic pain. A stepped-care approach involving psychological intervention is recommended, including identification of specific concerns, consultation with a psychologist, individual or group therapy, and possible multidisciplinary treatment with mental health providers. The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. In this case, the injured worker was diagnosed with depression and anxiety, and he was evaluated by a

psychologist. No medications were prescribed. There was discussion of possible use of medication, with evaluation for use of psychotropic medication and prescriptions as needed; however, there was no documentation of prescription of medication. As such, the request for Medication Management, two sessions over three months is not medically necessary.

Consultative Medical referral to internal medicine and sleep study: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: office visits pain chapter: polysomnography.

Decision rationale: The ODG notes that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The MTUS does not provide direction for evaluating or treating sleep disorders. The ODG states that polysomnography is recommended after at least six months of an insomnia complaint (at least four nights a week) unresponsive to behavior intervention and medications and after a psychiatric etiology has been excluded. Polysomnography is also indicated when a sleep related breathing disorder or periodic limb movement disorder is suspected. The ODG lists additional criteria for polysomnography and states that home sleep studies are an option. In this case, the injured worker had diagnoses of anxiety, depression, and psychological factors affecting medical condition. Multiple somatic complaints including headache, muscle tension, nausea, vomiting, chest pain, peptic acid symptoms, and constipation were documented. The current treating provider is a psychologist. The evaluation of these symptoms would be beyond the scope of practice for a psychologist, and as such, the request for an internal medicine consultation is warranted. However, this request was for both an internal medicine consultation and a sleep study. The documentation notes that the injured worker had insomnia and sleep disturbance. The report from the treating psychologist suggests that the sleep disturbance was related to depression. The insomnia index score was noted to be indicative of no significant insomnia. There was no documentation of at least six months of insomnia complaint unresponsive to behavior intervention; no medication trial for insomnia was discussed, and the documentation suggests a psychiatric disorder as the reason for sleep disturbance. There was no documentation of suspicion of a sleep related breathing disorder or periodic limb movement disorder. Due to lack of specific indication, the request for sleep study is not medically necessary. As the current request is for both an internal medicine consultation and a sleep study, and as the sleep study is not medically necessary, the request for Consultative Medical referral to internal medicine and sleep study is not medically necessary.