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| Case Number: | CM14-0173086 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 09/11/2011 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 10/20/2014 |

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. The expert reviewer is licensed in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records as they were provided for this IMR, this patient is a 27 year-old male who reported an industrial injury that occurred on September 11, 2011 during the course of his employment for [REDACTED]. The injury is described as a crush injury to his left foot when a guide plate weighing between 1,500-2,000 pounds fell on his left foot requiring two subsequent surgeries the first to install hardware and a second procedure conducted a year later to remove it. This IMR will address his psychological symptomology as it pertains to the requested treatment. The patient was prescribed opiate medications to manage pain and began to develop dependency signs that were addressed in January 2014. He also was using the medication Percocet in an irregular manner. Patient appears to be forthright in discussing the issue now although he was not initially. He's made dedicated efforts to address the issue by attending Narcotics Anonymous meetings and expresses a desire to not be on the medications. In June 2014 a treatment note mentions that his surgical incision is not hurting and the swelling is decreased with improved walking of capacity he has stayed off all pain medications for over four months but has some cravings and urges. There is a notation that the patient was scheduled to see an addiction specialist in June 2014, and that while he has remained off of all of the opiate medications but his has drinking alcohol more increased. Patient is taking Wellbutrin for antidepressant effects as well as Elavil for pain and sleep. A pain psychology behavioral rehabilitation evaluation was conducted in September 2014 and notes that he resumed taking Vicodin but not the Percocet, and that he is been hiding this fact from his family. He's described (but not formally diagnosed) as having Opiate Use Disorder, chronic pain coupled with a mood disorder: depression/anxiety. Ten sessions of cognitive behavioral therapy were requested as well as 10 sessions of biofeedback therapy. Both requests were non-certified; the UR rationale for non-certification was to offer a modification that allowed for four sessions of both CBT and Biofeedback as a trial with

additional treatment to be determined based on the patient's response to the initial sessions and continued medical necessity. This IMR will address a request to overturn that decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy treatment, QTY: 10 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines For Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, cognitive behavioral therapy Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress Chapter, topic: cognitive behavioral therapy, psychotherapy guidelines, June 2014 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 recommend consisting of 3-4 sessions to determine if the patient responds with evidence of measureable/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. With regards to this patient, there was no evidence presented that suggests that he has had any psychological treatment prior to the date of injury up to the date of the requested treatment. This further suggests that the request for 10 sessions is an initial treatment request to start a new course, and first course, of psychological care for this injured worker. Because it is a request for a new treatment, the proper MTUS/ODG treatment protocol recommends an initial and brief treatment trial consisting of 3-4 sessions (MTUS) or up to six sessions (ODG) to make sure that the patient is responding adequately to the treatment. Subsequent to completion of the initial treatment trial, additional sessions may be offered if medically necessary contingent on the patient demonstrating objective functional improvement and progress as a result of the treatment. While this treatment protocol using an initial trial is a very important tool to identify and address treatment failures early, in this particular case an

exemption to the protocol is appropriate. Technically the utilization review non-certification decision was correct, however upon careful review of the medical record it appears the patient is possibly struggling with an industrial-related opiate dependency. There are many progress notes in his chart that reflect that the patient is sincerely attempting to address this issue. Because there is a degree of urgency an exemption to the protocol would be warranted in this particular case as a rare exception a. The request for 10 cognitive behavioral therapy sessions is medically necessary, reasonable, and warranted at this time; therefore the UR determination is overturned.

Biofeedback treatment, QTY: 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, biofeedback treatment Page(s): 25-26.

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. Because the guidelines for biofeedback are much stricter than the ones above for cognitive behavioral therapy which allow up to 50 sessions in some cases of severe Major Depression, biofeedback guidelines only allow for 10 sessions and that is after an initial trial 3 to 4 has been completed. This request is for 10 sessions which is the total maximum that is recommended for most patients. Utilization review non-certification determination did allow for a modification of four sessions. Because of the difference between the two guidelines is not recommended that the patient have all of his biofeedback sessions completed in such a rapid manner without any determination on whether he's making progress are benefiting from them. Continued medical necessity is contingent on a patient making. Because this request for is for 10 sessions as an initial treatment request, it exceeds recommended quantity guidelines, the original utilization review determination is upheld.