

Case Number:	CM14-0173205		
Date Assigned:	10/24/2014	Date of Injury:	08/20/2014
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 Board Certified in Clinical 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 that were provided for this IMR, this patient is a 33 year old female who reported a work-related injury that occurred on August 20, 2014 during the course of her employment for [REDACTED] as a branch service specialist. The patient reported a hostile work environment. She has been treated at [REDACTED] for panic disorder with anxiolytic medications. A progress note (PR-2) from October 2014 notes that the patient is reporting persistent sleep problems, anxiety, irritability, distress, mood changes and that she still is having physical and emotional symptoms that affect the quality of life and social relationships particularly that with her husband but that she has been receiving psychological treatments that have been helping to reduce the anxiety, worry, irritability, insomnia and sadness and that she reports having successfully used relaxation therapy and cognitive behavioral techniques learned in previous sessions to improve her sleep and reduce anxiety patient reports persistent neck and upper back pain and tension due to stress. She describes her prior work environment as a negative/hostile work environment that was very stressful for her. A previous progress note was nearly identical in content. The Beck anxiety inventory showed a score of eight which places her at a level of mild symptoms that are not negatively affecting her daily functioning. There is an indication that the patient has returned to work with another employer. The Beck depression inventory score of 18 shows a mild to moderate range of depression. Psychologically, she has been diagnosed with the following: Adjustment Disorder with Mixed Anxiety and Depressed Mood, Chronic; Panic Disorder without Agoraphobia; Primary Insomnia, and Psychological Factors Affecting Physical Condition. The recommended treatment plan states that the patient should continue receiving cognitive behavioral therapy as well as biofeedback treatment on a weekly or bimonthly basis. A request was made for psychological treatment weekly for 3 to 5 months and a second request was made for biofeedback therapy weekly for 3 to

5 months. Utilization review offered a modification to certify an initial trial of six cognitive behavioral therapy sessions and four sessions of biofeedback after completion of the cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological treatment; weekly for three to five months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Cognitive Behavioral Therapy, See Also Psychological Treatment Page(. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Topic Cognitive Behavioral Therapy, Psychotherapy Guidelines, October 2014.

Decision rationale: According to the MTUS treatment guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. An initial treatment trial is recommend consisting of 3-4 sessions (or up to 6 per ODG) 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. ODG Guidance is for 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. At the time that this request was made, it was a request for the start of an initial course of treatment. At that time she had not started treatment; however in the interval since this request was made she did start therapy. Progress notes for a few sessions were provided, but the total number of sessions received to date was not mentioned. This requested treatment exceeds recommended guidelines for an initial treatment trial. A request for weekly treatment for 3 to 5 months translates into between 12 and 20 sessions. This would be the maximum recommended for most patients, and does not take into account the need for an initial treatment trial to demonstrate progress in treatment, and also ignores the need for ongoing assessment of continued medical necessity and whether or not the patient is making progress. It appears that the patient has returned to work in another job at this time was having difficulty attending treatment during the daytime hours. Symptomology is described as being in the mild to moderate range for depression, and mild for anxiety. The utilization review determination correctly identified the need for a brief treatment trial to be given initially with subsequent sessions contingent upon functional improvement and medical necessity. The medical necessity of this request is not demonstrated by the documentation provided and the UR decision is upheld.

Biofeedback therapy; weekly for three to five months: Upheld

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 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 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. With respect to this patient, the request for 12-20 sessions a biofeedback greatly exceeds the recommended guidelines. After 10 sessions maximum patients are expected to be able continue to use biofeedback exercises at home independently. Because the request exceeds guidelines and does not take into account the need for an initial treatment trial of 3 to 4 visits to determine if there is a positive response. Medical necessity of this request is not established and the original utilization review determination is upheld.