

Case Number:	CM13-0009362		
Date Assigned:	09/16/2013	Date of Injury:	11/19/2007
Decision Date:	01/30/2014	UR Denial Date:	07/10/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified 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 physician 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:

Patient is a 43-year-old female who suffered an industrial injury on November 19, 2007. While she was working as a support manager at [REDACTED] she slipped and fell on her buttocks. In a report dated February 7, 2013, [REDACTED] noted that the patient first presented to his clinic on June 23, 2010 where she was diagnosed in the setting of chronic pain, cervical spine strain/sprain, cervical radiculopathy, post laminectomy syndrome of the lumbar spine, chronic low back pain and psychological injury with depression and anxiety. In a report dated November 6, 2012, [REDACTED] diagnosed the patient with pain disorder associated with both psychological factors and a general medical condition, depressive disorder, sleep disorder due to a general medical condition (orthopedic chronic pain), and gave her a GAF of 60. On June 10, 2013, [REDACTED] reports subjective complaints of an extreme amount of pain, with objective symptoms of an extreme amount of discomfort. The patient is diagnosed with depressive disorder not otherwise specified and [REDACTED] recommends pain management and treatment with a pain psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional psychotherapy sessions w/biofeedback, relaxation training and cognitive behavioral therapy (CBT): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments, Behavioral interventions, and Biofeedback Page(s): 2.

Decision rationale: In a November 6, 2012 report, [REDACTED] states the patient has had some biofeedback with [REDACTED]. In a May 8, 2013 report, [REDACTED] states [REDACTED], a psychologist, evaluated the patient. He reported that the patient attended psychotherapy and biofeedback with some benefit and was last seen by [REDACTED] sometime in 2011. The available medical records do not contain psychotherapy notes indicating the specific benefit the patient received from her psychological treatment and there is no indication as to how many treatment sessions the patient attended. The request cannot be approved without such information, especially given the request is for an unstated number of therapy sessions.