

Case Number:	CM13-0011060		
Date Assigned:	06/11/2014	Date of Injury:	01/31/2007
Decision Date:	07/30/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/16/2013

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:

The claimant is a 61 year-old male (██████████) with a date of injury of 1/31/07. The claimant sustained injury when he lifted a trash can weighing approximately 65 pounds and experienced a sharp pain in his right shoulder that extended up to his neck. There are reports of additional injuries including: injuries to the claimant's left shoulder, wrist, hand and worsening symptoms to his neck as the result of pulling a battery out of the wash on 4/1/07; an injury to the claimant's right long finger as the result of cutting it while opening a box on 6/25/08; injuries to the claimant's right groin and testicle as the result of lifting a box weighing 30 pounds on 2/19/09; and worsening pain in his neck, shoulders, and bilateral knees as the result of repetitive movements from 1/15/10-1/15/11. The claimant sustained all of these injuries while working as a Utility Attendant for Target. The claimant has been diagnosed with multiple orthopedic injuries and eventually completed a "Comprehensive Psychological/Pain Examination" on 8/5/13 with ██████████. In that report, ██████████ diagnosed the claimant with Pain disorder associated with both psychological factors and a general medical condition and a Developmental reading disorder (by history).

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy sessions x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment; Behavioral interventions Page(s): 23, 101-102.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment and behavioral interventions for the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the request under review is an initial request for psychotherapy services following [REDACTED] psychological evaluation conducted on 8/5/13. The CA MTUS guideline recommends that there be an "initial trial of 4 visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" maybe necessary. As a result, the request for an initial 8 psychotherapy sessions exceeds the initial number of sessions set forth by the guidelines. Therefore, the request for "individual psychotherapy sessions x8" is not medically necessary.

Biofeedback x6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) biofeedback therapy guidelines.

Decision rationale: The CA MTUS guideline regarding the use of biofeedback in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the request under review is an initial request for biofeedback services following [REDACTED] [REDACTED] psychological evaluation conducted on 8/5/13. The CA MTUS guideline recommends that biofeedback be used in conjunction with psychotherapy with an "initial trial of 4 visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. It further indicates that "patients may continue biofeedback exercises at home." As a result, the request for an initial 6 biofeedback sessions exceeds the initial number of sessions set forth by the guidelines. Therefore, the request for "biofeedback x6 sessions" is not medically necessary.