

Case Number:	CM13-0013473		
Date Assigned:	12/18/2013	Date of Injury:	09/02/2011
Decision Date:	04/28/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/19/2013

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 Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases 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 patient is a 33-year-old female who sustained an injury on 09/02/2011 when an escalator cleaning tool hit her in the head. The patient was evaluated on 01/08/2014 with continued complaints of neck pain. The documentation submitted for review indicated the patient participated in physical therapy and medications with no significant relief. The documentation indicated the patient underwent MRI on 12/30/2013 which noted a 4 mm disc protrusion at C2-3 level, as well as a 2 mm protrusion at the C5-6 level. The treatment plan indicated the patient was to undergo an epidural steroid injection. The documentation submitted for review indicated the patient was having difficulty sleeping due to pain and suffered from facial spasms which were improving. The documentation indicated the patient reported severe stressors related to her workplace injury. The treatment plan additionally indicated the request for 6 sessions of biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 BIOBEHAVIORAL PSYCHOLOGICAL PAIN MANAGEMENT SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Section, Page(s): 23.

Decision rationale: The request for 8 bio-behavioral psychological pain management sessions is non-certified. The documentation submitted for review indicated the patient had a facial spasm and complained of stressors related to her workplace injury on 01/08/2014. The California MTUS Guidelines recommend cognitive behavioral therapy for patients with risk factors for delayed recovery, including fear avoidance beliefs. The documentation submitted for review did not indicate the patient had delayed recovery due to psychological factors, nor fear avoidance beliefs. Furthermore, the documentation submitted for review did not indicate the patient had a psychological evaluation to assess the patient to be at risk. The request submitted for review additionally does not note the duration of treatment. The duration of treatment is important for ensuring timely re-evaluation and treatment modification to ensure patient progress. The California MTUS Guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The documentation submitted for review requests 8 sessions of bio-behavioral psychological pain management which exceeds guideline recommendations. Given the information submitted for review, the request for 8 bio-behavioral psychological pain management sessions is non-certified.

8 BIOFEEDBACK VISITS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Section Page(s): 23.

Decision rationale: The request for 8 biofeedback visits is non-certified. The documentation submitted for review indicated the patient had a facial spasm and complained of stressors related to her workplace injury on 01/08/2014. California MTUS Guidelines recommend cognitive behavioral therapy for patients with risk factors for delayed recovery, including fear avoidance beliefs. The documentation submitted for review did not indicate the patient had delayed recovery due to psychological factors, nor fear avoidance beliefs. Furthermore, the documentation submitted for review did not indicate the patient had a psychological evaluation to assess the patient to be at risk. The request submitted for review additionally does not note the duration of treatment. The duration of treatment is important for ensuring timely re-evaluation and treatment modification to ensure patient progress. The California MTUS Guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The documentation submitted for review requests 8 sessions of bio-behavioral psychological pain management which exceeds guideline recommendations. Given the information submitted for review, the request for 8 biofeedback visits is non-certified.