

Case Number:	CM13-0017864		
Date Assigned:	12/11/2013	Date of Injury:	02/08/2007
Decision Date:	01/30/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/28/2013

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 Psychology, and is licensed to practice in Texas. 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 57-year-old female who reported an injury on 02/08/2007 from a slip and fall. The patient had a psychological consult on 07/18/2013. She was diagnosed with pain disorder associated with both psychological factors and a general medical condition and depressive disorder. She was noted to have scored 20 on the Beck's Anxiety Inventory, as well as the Beck's Depression Inventory. A recommendation was made for 6 sessions of psychotherapy to include biofeedback. Additionally, a request was made for periodic case conferences with nurse case managers, claims examiners, and other health care providers involved with the patient's care, as well as monthly psychological status reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

series of 6 Biofeedback treatments: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: The MTUS Chronic Pain Guidelines state that biofeedback is not recommended as a standalone treatment, but is recommended as an option in a cognitive

behavioral therapy program to facilitate exercise therapy and a return to activity. The patient's documentation has shown that she has had improvement with her psychotherapy treatments including biofeedback, and has been able to increase her function and manage her pain more effectively. Therefore, the request for a series of 6 biofeedback treatments is medically necessary and appropriate.

series of periodic case conferences and monthly psychological status reports: Overturned

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 Psychological treatment Page(s): 101-102.

Decision rationale: The MTUS Chronic Pain Guidelines state that psychological evaluations should be used to distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. It further states that psychosocial evaluations should determine if further psychosocial interventions are indicated. It further states that interpretations of these evaluations should provide clinicians with a better understanding of the patient in their social environment, thus allowing for more effective rehabilitation. As the patient was noted to have psychological conditions related to her chronic pain, has been receiving psychotherapy treatment, and the Guidelines state that psychological evaluations should determine if further interventions are indicated, the request is supported. For this reason, the request for periodic case conferences and monthly psychological status reports is medically necessary and appropriate