

Case Number:	CM13-0019241		
Date Assigned:	03/26/2014	Date of Injury:	05/01/2012
Decision Date:	05/07/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/03/2013

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 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 injured worker is a 44-year-old female who reported an injury on 05/01/2012. The mechanism of injury was not provided. The injured worker is diagnosed with depressive disorder. The injured worker was evaluated on 02/10/2014. The injured worker reported persistent pain to bilateral upper extremities as well as sadness, anxiousness, and nervousness. Objective findings revealed a sad and anxious mood. Treatment recommendations at that time included cognitive behavioral group psychotherapy once per week for 12 weeks as well as relaxation training once per week for 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFEEDBACK RELAXATION TRAINING FOR PAIN CONTROL ONCE A WEEK FOR 8-12 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, LLC; Corpus Christi, TX; online, Section: Stress/Mental; also Corpus Christi, TX; online, Section: Pain, Section: Forearm, Wrist, & Hand.

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

Decision rationale: California MTUS Guidelines state biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy program. California MTUS Guidelines utilize ODG biofeedback therapy guidelines, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 8 to 12 sessions of biofeedback therapy exceeds guidelines recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.

MEDICAL PSYCHOTHERAPY 1 TIMES 12: 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 Page(s): 23.

Decision rationale: California MTUS Guidelines utilize ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks including individual sessions may be appropriate. The current request for 12 sessions of medical psychotherapy exceeds guideline recommendations. Therefore, the request cannot be determined as medically appropriate. As such, the request is non-certified.