

Case Number:	CM13-0026134		
Date Assigned:	11/22/2013	Date of Injury:	11/09/2011
Decision Date:	07/23/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/18/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

According to the medical records which were provided for this independent review, this patient is a 47-year-old female, who reported an industrial/occupational work-related injury on 11/09/2011. The injury occurred during the normal course of her work duties as a baker and involved pushing a heavy cart filled with trays of butter, with an estimated weight of 100 up to 500 pounds. Her job was very physically demanding involved lifting thousands of pounds of food throughout the day. She reports severe and constant low and mid back pain, bilateral upper leg pain, gastrointestinal (GI) upset, and headache. She's had conventional treatments as well as TENS unit, pool therapy, multiple injections and nerve blocks, and has required several Emergency Room (ER) visits for severe pain flare-up, opiate and non-opiate pain medication, and other treatment modalities. She has feelings of sadness and depression mood instability, nightly sleep disturbance, frustration, irritable mood, anxiety, hopelessness and restlessness, social isolation. She was hospitalized for an overdose/suicide attempt in 2011. She has been diagnosed with pain disorder associated with psychological factors and a medical condition, chronic, major depressive disorder, single episode, moderate. A comprehensive psychological evaluation was completed on March 10th 2014. This independent review will address a request to overturn the non-certification of twelve (12) sessions of psychotherapy and twelve (12) sessions of biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PSYCHOLOGICAL SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Psychological evaluations Page(s): 23-24; 100.

Decision rationale: After a careful reading of this patient's medical records, which consisted of 328 pages, I was unable to find any mention of prior psychological treatment. In support of this finding, there were additional notes stating that patient has not had any prior treatment for psychological issues. Initial psychological treatments must follow a specific protocol in which a limited trial block of sessions is provided and if there is improvement additional treatments can be then authorized. The Chronic Pain Guidelines indicate that initial trials of treatment for psychotherapy should be between three to four (3-4) sessions. The Official Disability Guidelines recommend six (6) sessions for an initial trial of treatment for psychotherapy. The requested twelve (12) sessions exceeds the amounts required for an initial trial. The request is not medically necessary.

TWELVE (12) BIOFEEDBACK SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental/Stress chapter, Cognitive behavioral therapy, psychotherapy guidelines, June 2014 update.

Decision rationale: The Chronic Pain Guidelines indicate that the patient may have maximum of six to 10 (6-10) sessions of biofeedback, if an initial block trial of three to four (3 to 4) sessions proved effective. If this is an initial request, twelve (12) sessions exceeds the maximum allowed amount. The request does not meet the criteria indicating that an initial block must be provided and subsequent sessions are completely dependent on the outcome of the initial block trial block. The request is not medically necessary.