

Case Number:	CM13-0032713		
Date Assigned:	03/17/2014	Date of Injury:	11/30/2011
Decision Date:	04/15/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/08/2013

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 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 42 year-old female with a date of injury of 11/30/11. The claimant sustained work-related injuries to her neck, back, and lower extremities while working for the [REDACTED]. The mechanism of injury was not found within the submitted reports. It is noted in the "Utilization Review / Peer Review Report" dated 9/27/13, that the claimant is diagnosed with Adjustment disorder with anxiety, depression, and somatization in addition to Psychological factors affecting a medical condition. There are no medical or psychological/psychiatric reports included for review

IMR ISSUES, DECISIONS AND RATIONALES

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

BIOFEEDBACK, 6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding ODG biofeedback therapy guidelines, "ODG biofeedback therapy guidelines: Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding ODG biofeedback therapy guidelines, "ODG biofeedback therapy guidelines: Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks:- Initial trial of 3-4 psychotherapy visits over 2 weeks,- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)- Patients may continue biofeedback exercises at home." There are no medical nor psychological/psychiatric records included for review. As a result, there is no information offered regarding the claimant's psychological symptoms, services completed, or need for services. The request for six sessions of Biofeedback is not medically necessary and appropriate.

COGNITIVE BEHAVIOR PSYCHOTHERAPY, 6 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness And Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness And Stress Chapter.

Decision rationale: The CA MTUS does not address the use of cognitive behavioral therapy for the treatment of psychological conditions therefore, the Official Disability Guideline regarding the use of cognitive behavioral therapy will be used as reference for this case. The Official Disability Guidelines (ODG), state that psychotherapy guidelines include a initial trial of 6 visits over 6 weeks, with evidence of objective functional improvement, total up to 13-20 visits over 13-20 weeks (individual sessions). There are no medical nor psychological/psychiatric records included for review. As a result, there is no information offered regarding the claimant's psychological symptoms, services completed, or need for services. The request for six sessions of Cognitive behavior psychotherapy is not medically necessary and appropriate