

<b>Case Number:</b>	CM13-0036442		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/18/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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:

Based on the records provided for this independent medical review, this patient is a 59 year old female who reported an industrial/occupational work-related injury on January 18, 2011. The injury appears to have occurred during the course of her normal and usual work duties as a paraprofessional for the [REDACTED] where she has worked for approximately 14 years. At that time a child's foot struck her right hand which became painful and swollen. Conventional treatments have not been helpful reportedly after a surgical treatment she developed CPRS. Progress notes mention that the patient is showing significant difficulty coping secondary to the pain, is overwhelmed by the pain and is showing emotional distress that is complicating her treatment. Medically she has been diagnosed with complex regional pain syndrome of the right upper extremity, bilateral carpal tunnel syndrome, myofascial pain syndrome, possible frozen right shoulder. Psychological diagnosis is pending outcome of a psychological evaluation. A request for 6 sessions of cognitive behavioral therapy and a request for 6 biofeedback therapy sessions were non-certified. This independent medical review will address a request to overturn the non-certifications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy six (6) sessions:** 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 Part Two Behavioral Interventions, Cognitive Behavioral; psychological evaluations Page(s): 23-24; 100. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Topic cognitive behavioral therapy: psychotherapy guidelines. June 2014 Update.

**Decision rationale:** The rationale provided by utilization review to non-certified the request for six sessions of psychotherapy and six sessions of biofeedback was that the psychological evaluation/assessment had not been completed. There is no statement in either the MTUS or the ODG treatment guidelines for chronic pain that specify that an evaluation must be completed prior to do the initiation of treatment. While it makes good clinical sense to have the initial evaluation completed, a psychological evaluation is often a very slow process and holding up the start a patient's treatment waiting for the completion of a psychological evaluation creates excessive treatment delay. In this case, after reading the reports that have been provided to me, the patient has significant psychological symptomology for her to start psychological treatment. According to the MTUS cognitive behavioral therapy is recommended for properly identified patients and an initial trial of 3-4 sessions (MTUS), or 6 sessions (ODG) should be offered to see if the patient responses with objective functional improvement. The request is medically necessary.

**Biofeedback treatment six (6) sessions:** 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 Part Two Behavioral Interventions: Biofeedback Page(s): 25.

**Decision rationale:** According to the MTUS "screen patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regime that requires self-discipline - a total of up to 6-10 visits over 5-6 weeks (individual sessions). Biofeedback should be used not as a standalone treatment modality but in conjunction with a cognitive behavioral therapy program. Based on the information in her medical chart this patient is clearly showing delayed recovery and is motivated for a non-medication treatment approach as she has difficult with most medications. As stated above, while it is ideal to have one, there is no requirement to have a completed psychological evaluation prior to the start of treatment. The decision of this IMR is to overturn the non-certification of 6 sessions of biofeedback. The request is medically necessary.