

Case Number:	CM13-0042755		
Date Assigned:	12/27/2013	Date of Injury:	07/27/2007
Decision Date:	03/26/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and Neurology 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 physician 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 48 year old female with date of injury 7/27/2007. She suffers from low back pain secondary to work related injury. The treatments have included medications, use of H wave, group therapy. The injured worker has been attending pain management group psychotherapy with psychologist. The progress report from psychologist dated 10/31/2013 states that "concentration is poor, problems focusing in group, has some suicidal ideations" The progress report from psychologist dated 10/30/13 reports " she is attending pain management group, hypnotherapy, biofeedback and progressing well with these skills". From the documentation received it appears that the injured worker has had at least 12 CBT sessions till 06/2013 and in 04/2013, it was noted "the patient has reached maximum level of medical improvement". She was approved for visit to psychiatrist for medication regarding the mental health problems associated with chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy at one session per week for twelve sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 23, 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive Therapy for Depression.

Decision rationale: The California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Upon review of the submitted documentation, it is gathered that the injured worker has had at least 12 psychotherapy sessions focused on CBT approach and has reached maximum level of medical improvement since 04/2013. The request for 12 more CBT sessions is not medically necessary and will be denied.

Biofeedback treatment for 12 sessions: Upheld

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

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

Decision rationale: The California MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." The injured worker has had CBT and has reached maximum level of medical improvement and thus biofeedback is not medically necessary at this time.

Medical hypnotherapy for 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG 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 (ODG), Hypnosis, Pain (Chronic).

Decision rationale: The California MTUS is silent on the topic of hypnosis. The ODG states "Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited. Per documentation received, it

appears that the injured worker has already been receiving hypnotherapy and there has been no mention of how many treatments she has received so far, her response to the sessions etc. Therefore the request is denied.