MAXIMUS Federal Services

Case Number:	CM13-0044867		
Date Assigned:	12/27/2013	Date of Injury:	03/11/2010
Decision Date:	03/18/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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 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 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 reported a date of injury of 3/11/10. He sustained injuries to his back and left side as the result of being hit by a car. According to reports, the patient was walking from the exit of a home improvement store to his car when he was hit on his left side by a vehicle. Once hit, he was thrown 10-13 feet, landing on his buttocks and back. The patient has been medically treated with medications, physical therapy, epidurals, chiropractic, aquatic therapy, spinal cord stimulator implant, and surgery. In his "Spine Follow Up Progress Report/Request Authorization" dated 9/26/13, [redacted] diagnosed the patient with: (1) Status post fusion at L5-Si, stable, improved back and leg pain since surgery; (2) Residual back and leg pain due to neuropathic pain, currently well-treated with spinal cord stimulator; (3) Depression; (4) Resolved superficial wound seroma, status post irrigation and debridement of the generator pocket. In his "Visit note" dated 11/20/13, [redacted] diagnosed the claimant with: (1) Syndrome postlaminectomy lump; (2) Stenosis spinal lumber; (3) Degeneration lumbar lumbosacral di; (4) Cervical ds displacement; and (5) Lumbar disc displacement without myelopathy. It is mentioned within the orthopedic medical reports that the patient sustained injury to his psyche secondary to his work-related physical injury. It is noted that the patient received a psychological consultation with [redacted] on 2/16/11, a psychology consultation with [redacted] on 11/9/11, completed psychotherapy with [redacted] from 3/30/11-4/30/12, completed a psychological evaluation with [redacted] in September 2013, and most recently, completed a psychiatric AME by psychiatrist, [redacted] on 10/22/13. Despite all of these services mentioned in the medical records, there are no psychological /psychiatric records included for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of cognitive behavioral therapy performed concurrently over 4-5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The CA MTUS guideline regarding the behavioral treatment of chronic pain will be used as reference for this case. According to the orthopedic medical records offered for review, the patient has received several psychological evaluations since his injury and completed over one year of psychotherapy from 3/30/11-4/30/12. It is also mentioned that the patient is currently receiving psychological services from [redacted]. However, there were no psychological or psychiatric records offered for review. As a result, there is not enough evidence to support or warrant the need for psychological services. As a result, the request for "Twelve (12) sessions of cognitive behavioral therapy performed concurrently over four to five (4-5) months" is not medically necessary.

12 sessions of biofeedback concurrently performed over 4-5 months: 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), Biofeedback Therapy Guidelines.

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

Decision rationale: The CA MTUS guideline regarding the use of biofeedback will be used as reference for this case. According to the orthopedic medical records offered for review, the patient has received several psychological evaluations since his injury and completed over one year of psychotherapy from 3/30/11-4/30/12. It is also mentioned that the patient is currently receiving psychological services from [redacted]. However, there were no psychological or psychiatric records offered for review. As a result, there is not enough evidence to support or warrant the need for psychological services. As a result, the request for "Twelve (12) sessions of biofeedback performed concurrently over four to five (4-5) months" is not medically necessary.