

Case Number:	CM13-0052168		
Date Assigned:	12/27/2013	Date of Injury:	08/27/2013
Decision Date:	05/02/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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 Board Certified in Psychology and is licensed to practice in Texas. 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 injured worker is a 23-year-old male who reported an injury on 08/27/2013. The injured worker presented to the pain management centers on 10/28/2013 with neck and left shoulder pain which had been aggravated with forward flexion, extension, and rotation and reported associated pain, numbness, and tingling of the left arm. The injured worker reportedly had been sleeping poorly and awakened frequently throughout the night due to pain and noted that he is unable to do chores that require lifting, bending, or remaining in 1 posture for too long as the pain interferes with activities such as lifting, bending, turning, twisting, pivoting, pushing, and pulling, as well as prolonged sitting, standing, and walking. The injured worker also had difficulty ascending and descending stairs, as well as standing from a seated position and has difficulty finding a comfortable position. Additionally, the injured worker has experienced a chronically depressed mood since his injury including low energy, low motivation, insomnia, and pessimism, as well as anxiety regarding his ability to do basic daily activities and coping with pain. The injured worker underwent a psychological pain consultation, as well as biobehavioral pain management on the same date under [REDACTED]. He was recommended to continue with his biofeedback therapy, as well as psychotropic/psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT (8) BIOFEEDBACK SESSIONS: Upheld

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

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

Decision rationale: According to California MTUS Guidelines, Official Disability Guidelines, Biofeedback Therapy Guidelines are referred to and state that injured workers are recommended for possible consideration for biofeedback referral to be used in conjunction with cognitive behavioral therapy after 4 weeks, to include an initial trial of 3 to 4 psychotherapy visits over 2 weeks and then with evidence of objective functional improvement, injured workers may further attend 6 to 10 visits over 5 to 6 weeks for individual sessions. Afterwards, the injured worker can continue biofeedback exercises at home. The injured worker has undergone an initial psychological pain consultation with biobehavioral pain management, as well as an additional session. At the 11/25/2013 follow-up with biobehavioral pain management, the injured worker continued to have symptoms of pain, depression, and anxiety which were stable and unchanged over the past month. The pretreatment biofeedback EMG score was 501 with the SCL score of 81 and his temperature/EEG of 12. The post-treatment EMG score was 376 with SCL score of 55 and temperature/EEG of 16. Although the patient has shown some improvement through the 2 initial sessions of biofeedback, without having undergone an adequate course of initial sessions, additional sessions cannot be supported at this time. Furthermore, the physician has failed to indicate frequency and duration for the sessions.

EIGHT (8) PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

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

Decision rationale: According to California MTUS Guidelines which references Official Disability Guidelines, Biofeedback Therapy Guidelines, injured workers are supported for an initial trial of 3 to 4 psychotherapy visits over 2 weeks whereupon with evidence of objective functional improvement, injured workers may receive an additional 6 to 10 visits over 5 to 6 weeks for individual sessions. The patient has undergone 2 sessions of biofeedback sessions to help him learn how to better cope with his ongoing pain, has had subjective complaints of pain, depressions, and anxiety (whereupon the documentation dated 11/25/2013 states his depression and anxiety are stable). Therefore, the medical necessity for 8 psychotherapy sessions cannot be established. Furthermore, the physician has failed to request frequency and duration for the treatments.

ONE (1) PSYCHOLOGICAL TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21& 24-25.

Decision rationale: California MTUS Guidelines state there are therapeutic components such as pharmacologic, interventional, and psychological, as well as physical which have found to be more effective when performed in an integrated manner. Because psychological treatments are not fully addressed under California MTUS Guidelines, the psychotherapy guidelines are referenced in this case and state that injured workers are supported for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. However, this injured worker is already undergoing biofeedback sessions which incorporate psychotherapy with the treatments. Therefore, a thorough rationale for 1 psychological treatment cannot be established. As such, the requested service is non-certified.

TEN (10) BIO-BEHAVIORAL PAIN MANAGEMENT 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 (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 31-34.

Decision rationale: The injured worker has already been undergoing biofeedback treatments and the 10 Bio-behavioral pain management sessions exceeds the maximum number per CA MTUS guidelines for initial sessions. Furthermore, the physician has failed to indicate the frequency and duration for the sessions. As such, the request cannot be supported at this time.