

Case Number:	CM13-0052996		
Date Assigned:	12/30/2013	Date of Injury:	01/01/2002
Decision Date:	03/18/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

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 claimant is a 52 year-old male (██████████) with a date of injury of 1/1/02. According to medical reports, the claimant sustained injuries to his neck, shoulders, and arms while moving an industrial freezer that weighed approximately 500 pounds. In his PR-2 report dated 12/18/13, ██████████ diagnosed the claimant with: (1) Unspecified disorders of bursae and tendons in shoulder region; (2) Tendinitis; (3) Spine-cervical spondylosis without myelopathy; (4) Trigger finger; (5) Spine-cerv radiculopathy; and (6) Shoulder impingement. Additionally, he sustained injury to his psyche secondary to the work-related injury. There are neither psychological nor psychiatric records offered for review to determine psychiatric diagnostics. However, in the 'Claims Eval' report by ██████████, she cites ██████████ "Initial Psychological Evaluation" dated 10/23/13, in which the claimant was diagnosed with: (1) Adjustment disorder with mixed emotional features; (2) Sleep disorder due to a medical condition; (3) Pain disorder; and (4) Opioid dependence. It is the claimant's psychiatric diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Biofeedback X6: Overturned

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

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

Decision rationale: According to the records/reports offered for review, the claimant was injured in 2002 and has never had any psychological /psychiatric treatment. He has received medical treatments over the years, which have provided some relief at times. As a result of this request, the claimant was authorized to begin psychotherapy. According to the CA MTUS guidelines, biofeedback is intended to be a treatment in conjunction with CBT. It is recommended that an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be warranted. If problems persist, "patients may continue biofeedback exercises at home". Although the claimant has been authorized for an initial 6 psychotherapy visits rather than 4, it appears appropriate that the claimant receive biofeedback in conjunction with those sessions. As a result, the request for "biofeedback X6" is medically necessary. It is suggested that future requests follow the guidelines cited above.

Psycho educational group x 6: Upheld

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

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

Decision rationale: There are no CA MTUS guidelines that discuss the use of group therapy. As a result, the Official Disability Guidelines regarding the use of group therapy will be used. However, the ODG discusses the use of group therapy specifically for the treatment of PTSD, which is not relevant in this case. Additionally, there are no current guidelines that specifically address "psycho educational groups", which are not considered therapeutic as in the case of a CBT group. According to medical records, the claimant has not participated in any psychological or psychiatric treatment, but has been authorized for an initial trial of CBT psychotherapy sessions. At this time, the medical records offered for review do not provide enough evidence to warrant a psycho educational group. As a result, the request for "psycho educational group X6" is not medically necessary.

Follow Up Office Visits X4 Over 6 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. 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) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address office visits therefore, the Official Disability Guidelines regarding the use of office visits will be used as reference for this case. The claimant has been authorized for a psychiatric consultation, which is appropriate and needed. He has also completed a psychological evaluation for which there was no report offered for review. Additionally, the claimant will be receiving CBT psychotherapy sessions. According to the ODG guidelines, office visits are recommended when they are "determined to be medically necessary." At this time, the claimant has yet to complete the authorized services therefore, the request for additional office visits appears premature. As a result, the request for "Follow Up Office Visits X4 Over 6 Months" is not medically necessary.