

Case Number:	CM13-0056407		
Date Assigned:	12/30/2013	Date of Injury:	12/16/2002
Decision Date:	05/08/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/22/2013

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 58-year-old male who reported an injury on 12/16/2002. The mechanism of injury was a fall. The injured worker had an immediate onset of pain in the left knee and lower back, and was taken to the hospital the same day. His initial course of treatment is unclear; however, it is noted that he underwent an unspecified lower back surgery in 2003, and 2 left knee surgeries in 2002 and again in 2003. The injured worker eventually had an EMG/NCV of the bilateral lower extremities that revealed a right L5-S1 radiculopathy. In addition, an MRI of the lumbar spine was obtained in 2004, which led to a lumbar laminectomy that was reportedly helpful. It was noted that the injured worker also received a series of Synvisc injections for the left knee; however, the reported benefit was not provided. The injured worker also has history of psychotherapy beginning in 2006, and later sustained another nonindustrial injury by way of a motor vehicle accident. The injured worker more recently completed a functional restoration program; however, notes from this time period were not included for review. The injured worker currently maintains his pain control through use of medications and participation in cognitive behavioral therapy. There was no other information submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PSYCHOTHERAPY SESSIONS: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend behavioral interventions for injured workers experiencing chronic pain. Guidelines recommend an initial trial of 3 to 4 visits, and if objective functional improvement is documented, then up to 10 visits are appropriate. The clinical information submitted for review provided evidence that the injured worker has been participating in cognitive behavioral therapies on a regular basis since 02/2013. According to the behavioral therapy notes submitted for review, the injured worker was being seen weekly, although only one note from each month was submitted. These reports indicate that the injured worker returned to psych therapy due to the return of suicidal ideation, which resolved as early as 07/15/2013. It was also noted in these therapy notes that the injured worker was participating in a weight loss program and exercising on a regular basis. Other than the resolution of his suicidal ideations, there was no evidence of improvement in other areas of the injured worker's condition; he remained hopeless, skeptical, sad, depressed, angry, and continued to experience significant pain. As the injured worker's suicidal ideations have been resolved and there have been no other improvements in his overall outlook despite a year's worth of weekly cognitive behavioral therapy, there is no indication that 12 additional sessions would be beneficial. Furthermore, the requested 12 sessions exceeds guideline recommendations of 4 sessions with a reassessment. As such, the request for twelve (12) psychotherapy sessions is non-certified.

PSYCHIATRIC REFERRAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC), STRESS RELATED CONDITIONS.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The California MTUS/ACOEM Guidelines recommend specialty referrals be made when there is evidence of significant psychopathology, serious medical comorbidities, or need for medicine therapy. Although the clinical information submitted for review indicated that the request was for medication management, there was no provision of a list of the injured worker's current medications; there is no indication that he utilizes any psychotropic medications that would require psychiatric management. As such, request for psychiatric referral is non-certified.

BIOFEEDBACK SESSIONS FOR PAIN MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS CITATION: ODG-PSYCHOTHERAPY.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend biofeedback as an adjunct to cognitive behavioral therapy. Guidelines recommend up to 10 biofeedback sessions with an initial trial of 4 visits, to determine treatment efficacy. In addition, guidelines state that injured workers may continue biofeedback exercises at home. The clinical information submitted for review provides evidence that the injured worker has been receiving biofeedback with his cognitive behavioral therapies, on a weekly basis since 02/2013. Any additional biofeedback sessions exceed guideline recommendations of a total of 10 visits, and it is appropriate that the injured worker continue these exercises on a home basis. Furthermore, the previously requested extension of cognitive behavioral therapy was not recommended for certification; and therefore, the request for biofeedback sessions for pain management is non-certified.