

Case Number:	CM13-0056409		
Date Assigned:	12/30/2013	Date of Injury:	07/25/2008
Decision Date:	05/05/2014	UR Denial Date:	11/13/2013
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 licensed 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 52-year-old female who reported an injury on 07/25/2008. The mechanism of injury was continuous trauma related to the performance of job duties. Her initial course of treatment to date is unclear; however, it is noted that she has received 2 recent courses of physical therapy. It was noted that the injured worker received an unspecified lumbar surgery in 2009 and has diagnoses of plantar fasciitis, bilateral cervical radiculopathy, thoracic pain, and right shoulder pain. The injured worker's complaints include bilateral foot pain, lower back pain, upper back pain, and neck and shoulder pain. An x-ray of the right foot obtained on 09/12/2013 revealed no abnormalities, and history of a lumbar MRI (report not included for review) revealed a 2 mm disc protrusion at L3-4 and L5-S1 with an annular tear at L5-S1, and foraminal stenosis. It was also noted that the injured worker received an MRI of the bilateral feet which showed no abnormalities. An EMG/NCV of the bilateral lower extremities was obtained on 01/10/2014 and revealed no abnormalities. Despite no physiological findings to explain the injured worker's complaints, she continues to rate her foot pain as a 9/10, back pain 8/10, and cervical and shoulder pain 6/10. The injured worker states that she is only able to perform minimal activity and ADLs with the aid of medication and TENS unit. 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:

SIX (6) COGNITIVE BEHAVIOR PSYCHOTHERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Guidelines recommend cognitive behavioral therapy for patients experiencing delayed recovery. Guidelines recommend up to 10 visits over 5 to 6 weeks, after an initial trial of 4 visits has been determined to be effective. The clinical information submitted for review provided evidence that the injured worker has received cognitive behavioral therapy in the past; however, none of these therapy notes were submitted for review. As a result, assessment of treatment efficacy and number of treatments rendered to date cannot be determined, and therefore, medical necessity and guideline compliance also cannot be determined. As such, the request for 6 cognitive behavioral psychotherapy sessions is non-certified.

SIX (6) BIOFEEDBACK SESSIONS.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS/ACOEM Guidelines do not recommend biofeedback as a stand alone treatment, but it may be used in conjunction with cognitive behavioral therapy. Guidelines state that up to 10 visits of biofeedback therapy may be appropriate after an initial trial of 3 to 4 sessions is deemed effective. As previously stated, the injured worker has history of cognitive behavioral therapy; however, without the therapy notes, there is no indication that biofeedback has been previously implemented or deemed effective. Furthermore, as this is an adjunct to cognitive behavioral therapy and the request for therapy was recommended for non-certification, the biofeedback sessions are not necessary at this time. As such, the request for 6 biofeedback sessions is non-certified.