

Case Number:	CM13-0058633		
Date Assigned:	12/30/2013	Date of Injury:	12/03/2010
Decision Date:	05/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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:

Per treating physician's report 10/31/2013, this patient presents with ongoing upper back and mid interscapular right extremity aching, numbness, weakness with axillary radiating component of scapular pain. Listed assessments are thoracic pain, bilateral shoulder tendonitis, cervical sprain, chronic pain. Recommendation was orthopedic consultation to address the hip and the shoulder, psychological consult with [REDACTED] for insight into chronic pain, and continued request for transportation. Agreed Medical Evaluation (AME) report from 06/19/2013 summarizes historical information with the MRI of the right knee dating back to 1991 and right knee surgery in 1991. For current injury, bilateral hip MRIs are mentioned from 03/03/2013, x-rays of the leg from 2005, thyroid scan 2006, MRI of the of the right hip 2006 with no evidence of significant AVN (Avascular Necrosis) or osteonecrosis, 3-phase bone scan on 2007, x-ray of the lumbar spine 2007, MRI of the right hip 2007 consistent with the partial tear of the gluteus medius and minimus tendon. MRI of the lumbar spine with degenerative disease at L5-S1 from 2007. MRI of C-spine (Cervical Spine) 2007 showing focal protrusion at C5-C6. There are mentions of physical therapy, acupuncture treatments, additional MRIs of the pelvis, bilateral hips, and hip surgery from 2007. The patient was treated with osteopathic manipulation in 2010 and some massage therapy as well, chiropractic treatments, trigger point injections. She was also seen by licensed social worker on 05/16/2011 for stress. The patient was evaluated by psychiatrist on 05/17/2011. On 04/08/2013, the patient was evaluated by a psychologist, [REDACTED], and psychotherapy through an Employee Assistance Program, meeting with the therapist every 2 to 3 weeks and had been going for 2 years which was helpful. Axis I diagnosis of adjustment disorder with anxiety. The patient was to continue with the meetings.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY WITH BIOFEEDBACK, QTY 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY AND BIOFEEDBACK. Decision based on Non-MTUS Citation ODG, COGNITIVE BEHAVIORAL THERAPY AND BIOFEEDBACK

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

Decision rationale: This patient presents with long history of low back and hip pains. There is a request for cognitive behavioral therapy quantity 8. However, the treating physician does not discuss the patient's treatment history. Review of the Agreed Medical Evaluation (AME) report from 06/19/2013 shows that the patient has been seeing a psychologist over the last couple of years with psychotherapy treatments. MTUS Guidelines support psychology evaluation and cognitive behavioral therapy to help manage chronic pain. However, maximum of 8 sessions are allowed with initial trial of 3 to 4 sessions and total of 6 to 10 visits. Review of the reports in this case shows that the patient has had psychotherapy for the last two years. The current request does not outline what the goals are. The patient appears to have had more than 10 visits in the recent past, the amount allowed by MTUS. There are no discussions regarding the patient's progress and what additional goals there may be. Therefore, the request of eight (8) cognitive behavioral therapy sessions with biofeedback is not medically necessary and appropriate.