

Case Number:	CM13-0063018		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2012
Decision Date:	03/28/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/09/2013

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 Psychiatry and is licensed to practice in Connecticut and New York. 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 63-year-old woman with date of injury of 7/2/2012. The [REDACTED] summary note of 11/18/2013 states that she has low back, left knee and, left shoulder pain "at all times" which interferes with sleep as well as moderate daily headaches. Mood is "chronically depressed" and she has "low energy, poor motivation, insomnia, pessimism, as well as anxiety." The depression had been noted to develop in reaction to the chronic pain and its limitations. She has a diagnosis of Adjustment Disorder with mixed emotional features, Anxiety Disorder NOS, Pain Disorder associated with psychological factors and general medical condition and Sleep Disorder due to both psychological factors and general medical condition. The clinician requests a course of biofeedback and CBT in the chart note but the request in this review is not for CBT or biofeedback but rather for a "bio behavioral pain management program."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bio-behavioral pain management program- for psychological pain consultation and treatment interventions 6-10 treatment visits over 5-6 weeks: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, pg 24-25 states that biofeedback is "recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." The MTUS goes on to reference that ODG biofeedback therapy guidelines which recommend an "initial trial of 3-4 psychotherapy visits over 2 weeks" and then "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" 6-10 biofeedback treatments over 5-6 weeks could well be consistent with the referenced guidelines and appropriate to manage the juncture of the patient's mood & pain and could be medically necessary however this was not requested specifically. The requesting clinician requests a "bio behavioral pain management program" however this is an ambiguous term and this treatment is not specifically mentioned in the MTUS. The request as it stands, for a "bio behavioral pain management program" is not consistent with any guideline and is not medically necessary.