

Case Number:	CM14-0002305		
Date Assigned:	01/24/2014	Date of Injury:	10/25/2012
Decision Date:	08/06/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/07/2014

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 Clinical 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 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:

According to the records that were provided for this independent review, this patient is a 47 year old male who reported an industrial/occupational work related October 25, 2012. He has been diagnosed with adjustment disorder; and pain disorder associated with both psychological factors and the general medical condition. There is an alternative diagnosis in his chart stating that he has depressive disorder, not otherwise specified, with anxiety in the moderate range. The patient has several cumulative trauma/specific work related injuries as a result of his employment for over 24 years from ██████████ county sheriff's department. He has significant pain difficulties including low back pain, bilateral lower extremities pain and pain in his neck and arms. There is cervical spondylosis with possible nerve root impingement at C6. Severe burning and itching results in scratching to the point of bleeding at times.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOPHYSIOLOGICAL THERAPY (BIOFEEDBACK), #6 SESSIONS: Upheld

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

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

Decision rationale: The MTUS guidelines for biofeedback specifically state that initial block of 3 to 4 sessions should be provided over two week period as an initial trial to determine the patient responsiveness; with evidence of objective functional improvement, a maximum of 6 to 10 visits may be offered over a 5 to 6 week period. After that time, additional biofeedback exercises should be continued at home. The request for six sessions initially exceeds the guideline protocols and actually represents the lower end of the maximum number of sessions, while ignoring the need for an initial trial to determine if the patient is benefiting from the treatment. Therefore the request is not medically necessary.

EXTENDED PSYCHOTHERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

Decision rationale: This request is for an unspecified number of psychological treatment sessions. All therapeutic requests must have a specific quantity of sessions stated in the request. Unlike general utilization review processes, an independent medical review is an all or nothing process meaning that no modifications can be offered and therefore the request for unlimited sessions cannot be modified to a specific number, rendering it impossible to approve. In addition, the request did not provide any reasons why an extended treatment session will be needed over a regular session. The MTUS and Official Disability Guidelines are both non-specific with regards to extended sessions. In general practice sometimes extended treatment sessions are needed for clinically sound reasons, however there was no statement that would justify the need for extended sessions versus standard. As such, the request is not medically necessary.