

Case Number:	CM14-0119235		
Date Assigned:	09/24/2014	Date of Injury:	08/04/2010
Decision Date:	11/26/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/29/2014

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 Psychiatry 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:

Injured worker is a 45 year old female with date of injury 8/4/2010. Date of the UR decision was 7/11/2014. The mechanism of injury was reported as cumulative trauma resulting in pain in her posterior area of her neck with pain radiating to her right shoulder. He underwent rotator cuff repair on 5/21/2012 and is status post revision subacromial decompression, distal clavicle resection, rotator cuff debridement, labral debridement 2/6/2014. Report dated 6/26/2014 listed symptoms of persistent symptoms of depression, recurring periods of anxiety, unprovoked crying episodes, weight gain, decreased sexual interest, difficulty staying asleep and falling asleep due to depression, anxiety and worry. She was given the diagnosis of Episode of Mental Disorder; Depressive Disorder Not Otherwise specified with anxiety and Psychological Factors Affecting Medical Condition (stress intensified headache, hair loss, teeth grinding, Neck/shoulder/back muscle tension/pain and constipation).

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Trial of 6 Cognitive Behavioral Therapy visits over the next 3 months or more or on as needed basis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy for Chronic Pain

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive Therapy for Depression

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The request for Initial Trial of 6 Cognitive Behavioral Therapy visits over the next 3 months or more or on as needed basis exceeds the guideline recommendations for an initial trial of 3-4 psychotherapy visits over 2 weeks. Thus the request is not medically necessary at this time.

6 Biofeedback visits over the next 3 months or more or on as needed basis: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Procedure Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines Biofeedback Therapy Guidelines

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

Decision rationale: MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." Per guideline, evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Based on the submitted documentation, guideline recommendations, and the request for 6 Biofeedback visits over the next 3 months or more, or on as needed basis, is not medically necessary.