

Case Number:	CM14-0121795		
Date Assigned:	08/06/2014	Date of Injury:	03/16/2012
Decision Date:	09/11/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/01/2014

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 a licensed Doctor of 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:

The claimant is a 53 year-old female (██████████) with a date of injury of 3/16/12. The claimant sustained injury to her neck, knees and wrists when she tripped and fell while descending stairs. The claimant sustained this injury while working for the ██████████. In his Pr-2 report dated 7/23/14, Dr. ██████████ diagnosed the claimant with: (1) Internal derangement of knee; (2) Chondromalacia of patella right knee; (3) Chronic recurrent tenosynovitis bilateral wrists; (4) Intervertebral disc injury C/S; and (5) Radiculopathy LUE. Additionally, in his "Progress Report" dated 7/21/14, Dr. ██████████ diagnosed the claimant with: (1) Chondromalacia patella; (2) Knee osteoarthritis; (3) Status post partial lateral meniscectomy; and (4) Patellofemoral syndrome. The claimant has been treated with medications, physical therapy, cortisone injections, and viscosupplementation injections. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In her "Pain Psychology Consultation" dated 6/26/14, Dr. ██████████ diagnosed the claimant with: "Moderate chronic pain syndrome" and "at least mild depression and anxiety secondary to pain."

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 6 Sessions: Upheld

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

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

Decision rationale: Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in March 2012. The CA MTUS guideline indicates that biofeedback is not to be considered as a stand-alone treatment but used in conjunction with CBT. The guideline states to possibly consider biofeedback referral in conjunction with CBT after 4 weeks with an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) may be necessary. It further indicates that patients may continue biofeedback exercises at home. Although the claimant appears to be an appropriate candidate for biofeedback, the request for an initial 6 sessions exceeds the initial number of sessions set forth by the CA MTUS. As a result, the request for Biofeedback 6 Sessions is not medically necessary.

Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in March 2012. In her Pain Psychology Consultation dated 6/26/14, Dr. [REDACTED] recommended a course of CBT psychotherapy, which is an appropriate recommendation. The CA MTUS recommends an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) may be necessary. Based on this information, Dr. [REDACTED] recommendation for an initial 6 sessions exceeds the initial number of sessions set forth by the CA MTUS. Additionally, the request for Cognitive Behavioral Therapy remains too vague as it does not indicate how many sessions are being requested and over what duration the sessions are to occur. As a result, the request for Cognitive Behavioral Therapy is not medically necessary.