

Case Number:	CM14-0167343		
Date Assigned:	10/14/2014	Date of Injury:	06/27/2011
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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, Neurology and Addiction Medicine, has a subspecialty in Geriatric 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:

Records reviewed include 209 pages of medical and administrative records. The injured worker is a 41 year old female whose date of injury is 06/27/2011, due to cumulative trauma (neck, back, and shoulders) related to her primary office duties (standing and working with inadequate ergonomic support) through 06/27/2010, the end results being shoulder surgery and cervical fusion. She failed conservative treatments with physical therapy, home exercise, medications (requiring increasing doses), epidural steroid injections, cervical facet rhizotomy, and psychotherapy. She continues to complain of severe pain, frequent headaches, and photophobia, all of which interfere with her and cause significant functional limitations in activities of daily living. She was on Oxycontin, Percocet, and Fioricet, and alprazolam as needed. A functional restoration program had been requested as the patient would be undergoing a detox program. She was treated with CBT (cognitive behavioral therapy) with biofeedback in 2012 with [REDACTED], which the patient found helpful in controlling her neck and shoulder pain, as well as her ability to sleep. She was able to reduce her neck and shoulder pain from 7/10 to 4/10. She was practicing on her own and it helped her fall asleep. She continued in psychotherapy in 2013 after her cervical spine surgery. Progress reports for 3 sessions in 2013 report the patient as being depressed, homeless and isolated due to her pain, disability, and loss of income. Goals were pain and stress reduction via biofeedback, hypnotherapy, and breathing, and examining her thoughts and behaviors which worsen her pain experience. She was on low dose Celexa for a number of years, per [REDACTED] reports. There is a final progress report of 03/21/14 by [REDACTED]. The patient had completed 4/6 sessions of CBT, then moved suddenly to [REDACTED]. She received guided relaxation with biofeedback and was able to relax her muscles below threshold for a sustained period. The patient was sad and anxious, tearful but quickly recovered. She was

committed to practicing stress reduction techniques daily between sessions. A psychiatric QME of 05/16/14 diagnosed her with anxiety disorder, major depressive disorder moderate, and pain disorder associated with both psychological factors and general medical condition. Due to her significant depression, and frequent headaches/migraines she has difficulty concentrating and tracking which preclude her from competing in the open job market or performing gainful employment. A UR of 10/01/14 indicates that partial certification was recommended for CBT with biofeedback training.

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 training 20 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral intervention and biofeedback Page(s): 23-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback therapy and Cognitive behavioral therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Biofeedback Page(s): 23 of 127, 24-24.

Decision rationale: The patient received cognitive behavioral therapy with biofeedback in 2012-2014 with objective functional improvement in pain reduction, decrease in sleep disturbance, and increased ability to relax her muscles below threshold for sustained periods. She was committed to practicing at home between sessions. It is unclear how many sessions she has received to date. It appears that partial certification was recommended for CBT with biofeedback training in a UR of 10/01/14. It is unclear if the patient received these services and if so was there objective functional improvement. ODG guidelines are up to 10 sessions if progress is being made. These issues should be clarified. Therefore, at this time this request is not medically necessary.