

Case Number:	CM14-0026756		
Date Assigned:	06/13/2014	Date of Injury:	01/04/1997
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/03/2014

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 Psychology, and is licensed to practice in Texas. 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 injured worker is a 66 year old who reported an injury on 1/4/97, and afterwards complained of severe back pain. On a physical exam dated 12/20/13, the injured worker's thought process look to be pressured and distressed when describing that she continues to experience debilitating pain particularly in her right shoulder, and also insomnia. The injured worker's medications listed are norco, lyrica, flexeril, voltaren and glucosamine. The injured worker's diagnoses included unspecified spondylosis, post laminectomy in the lumbar region, and lumbar radicular pain. The treatment plan was for 13 additional cognitive behavioral psychotherapy sessions and biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 ADDITIONAL COGNITIVE BEHAVIORAL PSYCHOTHERAPY SESSIONS AND BIOFEEDBACK: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 23 AND 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Behavioral treatment Cognitive behavioral therapy, and biofeedback.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, cognitive behavioral therapy is recommended as an initial therapy trial of 3-4 psychotherapy visits over two weeks; with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be recommended. The injured worker's capacity for psychological insight and good psychological judgment was observed by clinician to be unimpaired. There was insufficient documentation with evidence of functional improvement. In addition, the request for 13 additional sessions would exceed MTUS guideline recommendations. The guidelines also indicate that there is conflicting evidence on the effectiveness of biofeedback for treating patients with chronic low back problems. As such, the request is not medically necessary.