MAXIMUS Federal Services

Case Number:	CM14-0052842		
Date Assigned:	07/07/2014	Date of Injury:	09/09/2010
Decision Date:	08/07/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/21/2014

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 Licensed in 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 42 year-old female (□□□□□□□□□□□□) with a date of injury of 9/9/10. The claimant sustained injury as the result of repetitive movements while working for □□□□□□□□□□□□□

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

Decision rationale: The CA MTUS guideline for the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. In his Request for Authorization for Testing Report dated 2/10/14, [redacted] presented relevant and appropriate evidence to support the need for psychotherapy services. The request under review is for an initial trial of sessions following [redacted] initial consultation. The CA MTUS guideline recommends that there be an initial trial of 3-4 visits over 2 weeks and with evidence of objective functional improvements, total of up to 6-10 visits over 5-6 weeks (individual sessions) may be necessary. Based on this guideline, the request for an initial 8 sessions exceeds the number of initial sessions set forth by the CA MTUS. As a result, the request for Cognitive behavioral therapy visits x8 is not medically necessary.

Biofeedback with respiratory and neuromuscular relaxation and desensitization x2: 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 Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) biofeedback therapy guidelines.

Decision rationale: The CA MTUS guideline for the use of biofeedback will be used as reference for this case.In his Request for Authorization for Testing Report dated 2/10/14, [redacted] presented relevant and appropriate evidence to support the need for biofeedback services. The request under review is for an initial trial of biofeedback sessions following [redacted] initial consultation. The CA MTUS states: Possibly consider biofeedback referral in conjunction with CBT after 4 weeks. It 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. It further indicates that patients may continue biofeedback exercises at home. Given this guideline, the request for 2 biofeedback sessions is appropriate. As a result, the request for Biofeedback with respiratory and neuromuscular relaxation and desensitization x2 is medically necessary.