MAXIMUS Federal Services

Case Number:	CM14-0053049		
Date Assigned:	07/07/2014	Date of Injury:	05/30/2013
Decision Date:	12/31/2014	UR Denial Date:	03/26/2014
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 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:

The injured worker is a 51 year-old female, who was injured on May 30, 2013, while performing regular work duties. The mechanism of injury is from falling out of a golf cart and landing on lumbar area. An emergency room report was provided for December 26, 2013, which supports an injury to the back. There is no other supporting documentation available for this review. The request for authorization is for individual or group psychotherapy, biofeedback, bi-weekly for twelve visits, and psychiatric consultation. The primary diagnosis is depression. Additional diagnoses are low back pain, and lumbar degenerative disc disease. On March 26, 2014, Utilization Review provided authorization of the psychiatric consultation, and a modified certification of six psychotherapy visits as per MTUS and ODG guidelines. The rationale for determination is to provide for an initial trial of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual or Group Psychotherapy, Biofeedback bi- weekly x 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Cognitive Behavioral Therapy guideline for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Biofeedback Page(s): 23, 24 and 100-102.

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 Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend 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 and with evidence of objective functional improvement, total of up to6-10 visits over 5-6 weeks (individual sessions).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." Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral intervention. However, the request for Individual or Group Psychotherapy, Biofeedback bi-weekly x 12 visits exceeds the guideline recommendations for an initial trial based on the results of which, further treatment can be decided. Thus, the request is excessive and not medically necessary.