

Case Number:	CM14-0058941		
Date Assigned:	07/09/2014	Date of Injury:	06/04/2007
Decision Date:	09/12/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, major depressive disorder, anxiety disorder, panic disorder, chronic shoulder pain, chronic hand pain, carpal tunnel syndrome, and ulnar neuropathy reportedly associated with an industrial injury of June 4, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated April 25, 2014, the claims administrator partially certified a request for 12 sessions of cognitive behavioral therapy as four sessions of cognitive behavioral therapy, denied a request for six sessions of biofeedback. The claims administrator denied a request for biofeedback on the grounds that the applicant should complete the cognitive behavioral therapy previously partially approved before biofeedback was sought. The applicant's attorney subsequently appealed and apparently distinction between biofeedback for chronic pain purposes and biofeedback for mental health purposes. On June 27, 2014, the applicant reported multifocal 6/10 elbow, neck, shoulder, and hand pain. The applicant was on Methoderm, Cymbalta, Vicodin, hydrochlorothiazide, and Zestril, it was noted. Right upper extremity paresthesia was noted with diminished grip strength about the right hand. The applicant was asked to continue biofeedback therapy. The applicant was placed off of work, on total temporary disability. In an outpatient consult note of June 19, 2014, the applicant did receive biofeedback training. The note comprises almost entirely of preprinted checkboxes. In a supplemental report dated June 4, 2014, authorization was sought for biofeedback treatment. The attending provider complained that the applicant's failure to earlier cognitive behavioral therapy should be not use against the applicant. The applicant was receiving biofeedback on June 4, 2014, it was further noted. On October 18,

2013, the applicant reported persistent complaints of low back pain. The applicant was using Vicodin and Cymbalta as of that point in time. The applicant was off of work, on total temporary disability, it was acknowledged. On February 5, 2013, Vicodin, Cymbalta, total temporary disability, and a psychology evaluation were sought. On April 7, 2014, the applicant was described as having a variety of issues of chronic pain, depression, anxiety, and insomnia. The applicant had a Global Assessment of Functioning (GAF) of 50, it was stated. Cognitive behavioral therapy, biofeedback training, and consultation with a psychiatrist were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

BEHAVIOR THERAPY SESSIONS (DEPRESSION, ANXIETY/PANIC, CHRONIC PAIN): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-401.

Decision rationale: In the Utilization Review Report, this was interpreted as a request for 12 sessions of behavioral therapy, it is incidentally noted. While the MTUS Guideline in ACOEM Chapter 15, pages 399 through 401 do endorse a variety of stress management techniques including relaxation techniques, behavioral techniques, cognitive techniques, cognitive therapy, stress inoculation therapy, and employee assistance programs, the open-ended treatment request/course of 12 sessions of treatment being sought by the attending provider appear to represent too great a frequency and overall amount for an initial course of therapy. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, an applicant's failure to improve may be due to incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. The applicant's treating psychologist herself acknowledged that the applicant might ultimately be a candidate for psychopharmacotherapy, suggesting that the applicant might not respond favorably to the lengthy 12-session course of behavioral therapy initially proposes. The 12-session course of treatment initially proposed/open-ended request for treatment, thus, does not conform ACOEM parameters in the sense that it does not afford the applicant opportunity to be reevaluated to ensure ongoing efficacy of treatment. Therefore, the request is not medically necessary.

COGNITIVE BEHAVIORAL THERAPY SESSIONS (DEPRESSION, ANXIETY/PANIC, CHRONIC PAIN) 1 TIME A WEEK FOR 4 WEEKS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 400, cognitive techniques and therapy are recommended in the treatment of psychological stress and depression and can, moreover, be problem focus, with strategies intended to help and alter an applicant's perception of stress and/or emotion focus, with strategies intended to alter the applicant's response to stress. The four-session course of treatment proposed does conform to ACOEM Parameters as set forth in Chapter 15, page 405 in the sense that it does, by implication, afford the treating provider an opportunity to reevaluate the applicant to ensure that the treatment in question is generating appropriate improvement. Therefore, the request is medically necessary.

BIOFEEDBACK SESSIONS (CHRONIC PAIN): Overturned

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

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

Decision rationale: The request in question does represent a first-time request for biofeedback. On the Utilization Review Report, this was described as a six-session course of biofeedback. While approval request does represent initiation of treatment slightly in excess of the three- to four-session trial course recommended on page 25 of the MTUS Chronic Pain Medical Treatment Guidelines for biofeedback for chronic pain, in this case, the applicant's multiplicity of issues associated with both chronic pain, depression, anxiety disorder, panic disorder, etc., do compel an initial course of treatment slightly beyond the guideline. Therefore, the request is medically necessary.