

Case Number:	CM14-0061268		
Date Assigned:	07/16/2014	Date of Injury:	11/24/2012
Decision Date:	09/30/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	05/02/2014

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 42-year-old female who reported an injury on 11/24/2012. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of shoulder pain. Past medical treatment consists of the use of a TENS unit, physical therapy, and medication therapy. Medications include Felodipine, Hydrochlorothiazide, Metoprolol and Val Acyclovir. The injured worker underwent an EMG/NCV. On 05/28/2014, the injured worker complained of bilateral shoulder pain. Physical examination revealed that the injured worker's pain was a 2/10 to 4/10. Cervical spine revealed that the injured worker had active range of motion pain free. The injured worker also had tenderness to palpation. It was noted that there was normal sensation bilaterally of the upper extremities. Examination of the left shoulder revealed a flexion of 160 degrees, external rotation of 90 degrees. Abduction was 170 degrees with pain. Examination of the right shoulder revealed a flexion of 160 degrees, external rotation of 90 degrees. Muscle strength on the right revealed pain. Muscle strength on the left also revealed pain. The treatment plan is for the injured worker to undergo a biofeedback, relaxation training, and cognitive strategy. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback, Relaxation Training, Cognitive Strategies (pain Disorder, Depression), Frequency And Duration Not Indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions; CBT Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): page(s) 23..

Decision rationale: The request for Biofeedback, Relaxation Training, Cognitive Strategies (pain Disorder, Depression) is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after 4 week lack of progress from physical medicine alone. An initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6 to 10 visits over 5 to 6 weeks. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline by which to assess improvements during therapy. The request as submitted did not indicate a frequency or duration for the therapy sessions. Given the above, and the lack of documentation submitted for review, the request is not medically necessary.