

Case Number:	CM14-0063148		
Date Assigned:	07/30/2014	Date of Injury:	11/24/2008
Decision Date:	08/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 56-year-old male who reported an injury on 11/24/2008 due to attempting to remove a large box of books, resulting in a pop in his right shoulder. On 03/28/2014, he underwent a psychological status report dated 03/28/2014, which showed that the injured worker reported depression that developed in 12/2010, as a result of non-responsiveness to treatment. On 03/26/2014, he reported ongoing problems with erectile dysfunction that had improved with medications. He stated that he had continued swimming 3 times a week in addition to running, and that social contact had been maintained. His sleep cycle had remained unchanged with reduced onset of delay, but he was still having frequent awakening 5 to 7 times from which he had been able to return to sleep. It was noted that he appeared slightly less depressed, which he attributed to sexual performance improvement. His pain level remained unchanged overall with some worsening with cold or wet weather. He underwent psychological testing on 02/12/2014 which revealed a BAI (Beck anxiety inventory) score of 14, indicating mild anxiety; a BDI-2 (Beck depression inventory) score of 30, indicating severe depression; post-traumatic stress diagnostic scale score of 233, indicating severe. Medications included gabapentin 1200 mg, Abilify 5 mg, bupropion SR 150 mg, Nuvigil, and Cialis. Past treatments included physical therapy, acupuncture, pain management therapy, pain medication, antidepressant medication, and psychotherapy. The Request for Authorization form was signed on 03/26/2014. The treatment plan was for 6 additional sessions of psychotherapy x6, with biofeedback x6 for pain, depressive disorder, as related to right shoulder injury as outpatient. The Request for Authorization form was signed on 03/26/2014. The rationale for treatment was to reduce social isolation and increase social contact, reduce pain avoidance behavior, increase physical exercise, and reduce catastrophic thinking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) Additional sessions of psychotherapy (x6) with biofeedback (x6) for pain, depressive disorder as related to right shoulder injury, as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Broadspire Physicians Advisory criteria-Mental Health: Biofeedback Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback, On-Going Management Page(s): 24.

Decision rationale: The request for 6 additional sessions of psychotherapy x6, with biofeedback x6 for pain, depressive disorder as related to right shoulder injury, as outpatient, is non-certified. Per the psychological evaluation dated 03/28/2014, on 03/26/2014, the injured worker had appeared slightly less depressed and had reported an overall improvement in most of his symptoms. The California MTUS Guidelines state that biofeedback is not recommended as a standalone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. Initial therapy for at-risk patients should be physical medicine exercise instruction using a cognitive motivational approach to physical therapy; possibly consider biofeedback referral in conjunction with CBT (cognitive behavioral therapy) after 4 weeks, with an initial trial of 3 to 4 psychotherapy visits over 2 weeks; with evidence of objective functional improvement, a total of 6 to 10 visits over 5 to 6 weeks is recommended. Based on the clinical information submitted for review, the injured worker had undergone previous treatment with psychotherapy to address his pain symptoms. Psychological tests were performed on 02/12/2014; however, there was a lack of documentation regarding recent psychological test scores to show that the injured worker had improved with the psychotherapy sessions he had completed. Without evidence of objective functional improvement with the sessions he attended, additional sessions would not be supported. The request is not supported by the guideline recommendations, as there is a lack of documentation regarding objective functional improvement with the completed psychotherapy sessions. Given the above, the request is non-certified.