

Case Number:	CM14-0063538		
Date Assigned:	07/11/2014	Date of Injury:	06/29/2009
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 patient is a 59-year-old female who has submitted a claim for carpal tunnel syndrome, lumbar sprain/strain, depression, and stress associated with an industrial injury date of June 29, 2009. Medical records from December 12, 2013 up to March 31, 2014 were reviewed showing that the patient had improved from her previous CBT and biofeedback session. She reported being better able to interact appropriately with others. She stated that the treatment allowed her to feel that she was not alone because others were going through similar struggles. She had become less short-tempered and less prone to exhibit inappropriate outbursts of anger. She had also learned how to cope with her issues. Her treatments proved to be beneficial. Despite this, she still has residuals of depression, anxiety, and stress-intensified neck/shoulder/back tension/pain, palpitations, acid reflux, and abdominal pain and cramping. Treatment to date has included cognitive behavioral psychotherapy and biofeedback, carpal tunnel release, Levoxyl, Voltaren, ibuprofen, Lidoderm, Lunesta, alprazolam, Cingular, Atrovent, Bystolic, tramadol, venlafaxine, and Flexeril. Utilization review from April 24, 2014 denied the request for Cognitive Behavioral Psychotherapy and Biofeedback Sessions. Although the patient has been treated for work-related depression and stress, the records are unclear regarding the number of past CBT visits or the number/frequency proposed at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy and Biofeedback Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Cognitive Behavioral Therapy.

Decision rationale: Page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions and states that 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 recommends an initial trial of 6 visits over 3-6 weeks; and with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions). In this case, the patient does have depression, anxiety, and stress related to her musculature pains. She did have CBT with biofeedback in the past which proved to be beneficial in reducing her symptoms. However, the number of previous therapy sessions and the proposed number of continued treatment were not documented. Therefore the request for Cognitive Behavioral Psychotherapy and biofeedback sessions is not medically necessary.