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| Case Number: | CM14-0066160 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 10/15/2012 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 04/17/2014 |
| Priority: | Standard | Application Received: | 05/09/2014 |

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:

Injured worker is a 39-year-old with date of injury October 15, 2012. Date of UR decision was April 17, 2014. He sustained injury to his lower back while lifting a box at work. Report dated March 31, 2014 suggested that he continued to experience chronic lower back pain which continues to radiate to his left leg approximately four to five times per month. His mood was documented as depressed and anxious. He scored 22 on Beck Depression Inventory suggesting a moderate level of depression, scored 26 on Beck Anxiety Inventory suggesting severe level of anxiety. He was diagnosed with Unspecified Depressive Disorder, Male Hypoactive Sexual Desire Disorder and Somatic Symptom Disorder with Predominant Pain, Persistent, Moderate based on the assessment. Examination dated March 28, 2014 suggested that he had presented with subjective complaints of anxiety, depression, social withdrawal, low self esteem, decreased libido and poor concentration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual psychotherapy once weekly for twelve weeks: Upheld

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

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines 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 recommends 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 four weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over two weeks -With evidence of objective functional improvement, total of up to six to ten visits over five to six weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain problems secondary to industrial injury for which behavioral interventions are indicated by guidelines. However, the request for Individual psychotherapy once a week times twelve weeks exceeds the number of sessions recommended as initial trial per guidelines. Therefore, the request for individual psychotherapy once weekly for twelve weeks is not medically necessary or appropriate.

Psychotropic medication evaluation once each month for six months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Mental illness, Office visits Stress related conditions.

Decision rationale: The ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The request for Psychotropic medication evaluation once each month for six months is not medically necessary or appropriate.

Biofeedback once a month for six months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068, Chronic Pain Treatment Guidelines Pain - procedrue Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines, Biofeedback Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback,v Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines 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." The request for Biofeedback once a month for six months is not medically necessary or appropriate.