

Case Number:	CM14-0081670		
Date Assigned:	07/18/2014	Date of Injury:	06/21/2011
Decision Date:	09/03/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/03/2014

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 36-year-old female who reported an injury on 06/21/2011. The diagnosis included carpal tunnel syndrome. Prior treatments included medications and a functional restoration program. Additional treatments included psychotherapy. The documentation of 05/19/2014 revealed the injured worker had complaints of restlessness and it was indicated the injured worker was experiencing depressive symptoms. The injured worker indicated she had a profound loss of pleasure in all enjoyable activities. The injured worker's medications included Fluoxetine Hydrochloride 40 Mg Capsules, Lidocaine 5% Patches, Methadone Hydrochloride 5 Mg Tablets And Zofran ODT 8 mg tablets. The physician documented the injured worker appeared to be anxious and depressed, and did not show signs of intoxication or withdrawal. The injured worker's right upper extremity revealed abnormal skin coloring, swelling, hair and nail growth, and sweating, as well as limited range of motion, motor neglect, allodynia, abnormal temperature and cold allodynia as well as hyperalgesia to skin prick. The diagnosis included pain in joint of forearm, reflex sympathetic dystrophy of upper limb, carpal tunnel syndrome and pain in joint of hand. The treatment plan included continuation of Fluoxetine Hydrochloride 40 Mg, Zofran ODT 8 Mg Tablets, And Lidocaine 5% Patches, As Well As Norco 10/325 Tablets, And Tramadol Hydrochloride ER 100 Mg Tablets. The documentation indicated the injured worker had seen a psychologist that was far away from her, and she would like to see a psychologist again, but preferred to see a psychologist in her own town. The injured worker finished a functional restoration program and reported good functional and psychological benefit. After finishing the functional restoration program, the injured worker still endorsed moderate levels of depression such as anhedonia, anergia, and low mood, which the physician opined it seemed associated to ptsd. The injured worker re-experienced the event in recurrent stressing dreams and trace of recollections during the day. Intense psychological and physiological distress at

exposure to assemble including blood, blades, and knives. The injured worker had persistent avoidance of stimuli associated with the trauma. The injured worker avoids activities such as knives while cooking and efforts to avoid thoughts about the accident were persistent. The injured worker had diminished interest, feelings of detachment, and a sense of foreshortened. The injured worker was noted to have had psychological therapy in the functional restoration program; however, it was indicated and opined when symptoms of depression and ptsd are combined, ongoing sessions of prolonged exposure therapy were recommended. The treatment plan included 6 sessions of individual biofeedback and cognitive behavioral therapy as aftercare.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of cognitive behavioral therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The California MTUS Guidelines recommend Cognitive Behavioral Therapy for chronic pain. The documentation indicates the injured worker should be screened for risk factors for delayed recovery including fear avoidance beliefs. There should be an initial trial of 3-4 psychotherapy visits over 2 weeks if there is a lack of progress from physical medicine alone. The clinical documentation submitted for review indicated the injured worker had previously undergone psychotherapy. However, the documentation did not indicate that the injured worker had done trauma focused treatment. The injured worker had complicating factors of pain that made focusing on ptsd difficult. The pain was noted to be improved, so the injured worker would benefit from trauma therapy. This request would be supported. Given the above, the request for 6 sessions of Cognitive Behavioral Therapy is medically necessary.

6 Sessions of biofeedback: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- (CBT).

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

Decision rationale: The California MTUS Guidelines indicate that Biofeedback is not recommended as a standalone treatment and it is recommended as an option in a cognitive behavioral therapy program. It is recommended for an initial trial of 3-4 visits. The recommended cognitive behavioral therapy was found to be medically necessary to treat ptsd, as the pain was under control. The documentation did not indicate that the injured worker had previously undergone biofeedback. It is acknowledged that the recommendation for initial biofeedback is for 3-4 visits. However, the injured worker has continued difficulty with ptsd and

she has extenuating circumstances. As such, this request is supported for 6 sessions. Given the above, the request for 6 sessions of Biofeedback is medically necessary.