

Case Number:	CM14-0014192		
Date Assigned:	02/26/2014	Date of Injury:	06/13/2012
Decision Date:	02/19/2015	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Psychologist

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 claimant is a 59 year-old female (██████████) with a date of injury of 6/13/12. The claimant sustained repetitive injuries to her back, neck, bilateral forearms, wrist, and hand while working as a work comp insurance technician. In his 10/11/13 progress note, ██████████ diagnosed the claimant with the following: (1) Cervical, thoracic myofascial pain, bilaterl; (2) Radial tunnel syndrome, bilateral; (3) Wrist tendonitis including flexure and ulnar carpi ulnaris tendinitis, bliateral; (4) Elbo tendinitis olecranon recess, left greater than right, bilateral; (5) Right carpal tunnel syndrome with reported positive EMG; (6) Status post left carpal tunnel release, 12/21/96; and (7) Overuse syndrome, upper extremities, bilateral. It is also noted that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In their "Behavioral and Psychological Evaluation" dated 12/12/13, ██████████ and ██████████ diagnosed the claimant with: (1) Generalized anxiety disorder; (2) Pain disorder associated with both psychological factors and a general medical condition; and (3) Depressive disorder, NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Cognitive Behavioral Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009) Behavioral in.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines regarding the use of psychological treatment and behavioral interventions for the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, it appears that the claimant completed an initial evaluation by [REDACTED] and [REDACTED] on 12/12/13 and it was recommended that the claimant begin a series of cognitive behavioral therapy sessions and biofeedback. It appears that this request is for an initial trial of sessions. The MTUS indicates that for the treatment of chronic pain, there is to be an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be recommended. Given this guideline, the request for 12 sessions exceeds not only the total number of initial sessions recommended, but the total number of sessions overall set forth by the MTUS. As such, the request is not medically necessary.

6 Sessions of Biofeedback: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Biofeedback

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009) Page(s): 24-25.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines regarding the use of biofeedback will be used as a reference for this case. Based on the review of the medical records, it appears that the claimant completed an initial evaluation by [REDACTED] and [REDACTED] on 12/12/13 and it was recommended that the claimant begin a series of cognitive behavioral therapy sessions and biofeedback. It appears that this request is for an initial trial of biofeedback sessions. The MTUS indicates that for the treatment of chronic pain, biofeedback can be used in conjunction with cognitive behavioral therapy sessions. It further recommends that there is to be an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks may be recommended. It further states that patients may continue biofeedback exercises at home. Given this guideline, the request for 6 sessions exceeds the total number of initial sessions recommended. As such, the request is not medically necessary.