

Case Number:	CM14-0184031		
Date Assigned:	11/10/2014	Date of Injury:	08/07/2011
Decision Date:	05/01/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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 injured worker is a 60 year old female who sustained an industrial injury on 8/7/11. She currently is experiencing continued discomfort, stiffness and pain in the neck. Her range of motion is decreased in the cervical region. Medications include Elavil, frova, Cymbalta, Topamax. Diagnoses include partial rotator cuff tear; right shoulder arthroscopy (10/29/13); shoulder impingement; carpal tunnel syndrome; resolved radiculopathy cervical spine; status post cervical fusion; cervicgia; major depressive disorder; pain disorder associated with psychological factors. Treatments to date include anti-inflammatory medications, home exercise program, trigger point injection. No diagnostics were available for review. In the progress note dated 9/11/14 the treating provider indicates benefit from prior pain psychology sessions (cognitive behavioral treatment) as she has resumed walking regimen and decreased social isolation and has been reducing avoidance behaviors. There was no notation of biofeedback sessions in the documents reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services including psychotherapy and biofeedback sessions from Dr. [REDACTED] and biofeedback technician, [REDACTED]. It is unclear as to how long the injured worker has been receiving psychological services nor how many total psychotherapy/ biofeedback sessions have been completed as only two progress notes, dated 9/19/14 and 10/10/14 were included for review. The 9/19/14 note indicated that it was session two of 6 whereas the 10/10/14 note indicated that it was from session 5 of 6. It is unknown whether there were any other authorized sessions besides the 6 mentioned. Without more information about the completed sessions including exactly how many sessions were completed and the objective functional improvements demonstrated from the completed sessions, the need for any additional services cannot be fully determined. As a result, the request for an additional 8 CBT sessions is not medically necessary.

Biofeedback x 8 session: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation ODG biofeedback therapy guidelines.

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services including psychotherapy and biofeedback sessions from Dr. [REDACTED] and biofeedback technician, [REDACTED]. It is unclear as to how long the injured worker has been receiving psychological services nor how many total psychotherapy/ biofeedback sessions have been completed as only two progress notes, dated 9/19/14 and 10/10/14 were included for review. The 9/19/14 note indicated that it was session 2 of 6 whereas the 10/10/14 note indicated that it was from session 5 of 6. It is unknown whether there were any other authorized sessions besides the 6 mentioned. Without more information about the completed sessions including exactly how many sessions were completed and the objective functional improvements demonstrated from the completed sessions, the need for any additional services cannot be fully determined. As a result, the request for an additional 8 biofeedback sessions is not medically necessary.