

Case Number:	CM14-0193199		
Date Assigned:	12/01/2014	Date of Injury:	06/01/2011
Decision Date:	01/27/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/18/2014

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 Anesthesiology, has a subspecialty in Acupuncture and Pain Medicine 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:

43y/o female injured worker with date of injury 6/1/11 with related bilateral shoulder, neck, and thumb pain. Per progress report dated 10/27/14, the injured worker reported numbness and tingling in both hands. Per physical exam, there was tenderness over the paracervical musculature bilaterally. There was decreased neck and shoulder range of motion due to pain. Per the psychologist's initial report dated 10/27/14, it was noted that as a result of the events of injury at work, the injured worker developed symptoms of a mental disorder including depression, anxiety, irritability, and insomnia. Other significant symptoms included unprovoked crying episodes, diminished sexual drive, and deficits in attention, concentration, and memory. Her Beck Depression Inventory score of 46 placed her in the "severe" range of subjective depression. Her Beck Anxiety Inventory score of 52 indicated a "severe" level of anxiety. Her score of 4 on the Beck Scale for Suicidal Ideation indicates a need for emotional treatment to reduce or remove suicidal ideation. Treatment to date has included physical therapy and medication management. The date of UR decision was 11/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cognitive behavior psychotherapy, 8 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dir.ca.gov/t8_5sb1a5_5_2.html

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

Decision rationale: California MTUS 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 4 weeks if lack of progress from physical medicine alone:-Initial trial of 3-4 psychotherapy visits over 2 weeks-With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) The documentation submitted for review supports the use of psychotherapy, however, as the request for 8 sessions is in excess of the guideline recommended initial trial of 3-4 sessions, medical necessity cannot be affirmed.

Biofeedback, 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.dir.ca.gov/t8_5sb1a5_5_2.html

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

Decision rationale: California MTUS 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."As the requested cognitive behavioral therapy was not medically necessary, biofeedback is not recommended as it is not recommended as a stand-alone treatment. The request is not medically necessary.