

Case Number:	CM14-0197702		
Date Assigned:	12/05/2014	Date of Injury:	04/01/2009
Decision Date:	03/10/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/24/2014

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 (IW) is a 29 year-old male (██████████) with a date of injury 4/1/2009. The IW sustained injury to his back however, the mechanism of injury was not found within the minimal medical records submitted for review. The IW has been diagnosed with: Status post left L5-S1 hemilaminectomy with small residual bulge and likely chronic left L5-S1 radiculopathy; Chronic pain; and Reactive depression. In his June 2012, July 2014, and August 2014 reports, treating physician, ██████████, recommended that the IW participate in psychotherapy with biofeedback in order to address his continued chronic pain issues and his symptoms of depression. The request for 8 CBT sessions with biofeedback were denied by UR on 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy with Biofeedback x 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Additional information needed

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment; Behavioral Interventions; Biofeedback Page(s): 101-102; 23; 24-25.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain as well as exhibited symptoms of depression. It is unclear whether he has received any psychological treatment since his injury in 2009. In his various progress reports from June through August 2014, treating physician, [REDACTED], recommended cognitive behavioral therapy as well as biofeedback to help the injured worker with his chronic pain and depression. The CA MTUS recommends psychological treatment when recovery is taking longer than expected and psychiatric symptoms are present. However, it states "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." It does not appear that the injured worker has consulted with a psychologist and completed an initial psychological evaluation. Without a psychological evaluation that offers more specific diagnostic information as well as appropriate treatment recommendations, the request for psychotherapy with biofeedback is premature. Additionally, once an evaluation has been completed, the request for an initial 8 sessions exceeds the recommended 3-4 initial sessions set forth by the CA MTUS.