

Case Number:	CM14-0203736		
Date Assigned:	12/16/2014	Date of Injury:	05/17/2004
Decision Date:	02/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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. The expert reviewer is licensed in Psychologist (PHD, PSYD), 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:

The injured worker is a 49 year-old female [REDACTED] who suffered a work related injury on 05/17/2004. The injured worker sustained injury to her back, knees, and wrists when she fell while working for [REDACTED]. In his PR-2 report dated 11/7/14, treating physician, [REDACTED], offered the following diagnostic impressions: (1) TFC tear, left wrist; (2) Cervical neck pain; (3) Compression neuropathy; (4) Left hip surgery; (5) Left knee surgery; and (6) Lower back surgery. Additionally, in his PR-2 report dated 12/15/14, [REDACTED] diagnosed the injured worker with: (1) Sciatica; (2) Radiculitis or neuritis, NOS; (3) Chronic post-op pain; and (4) Opioid dependence, continuous. It is also noted that the injured worker developed psychiatric symptoms secondary to her work-related orthopedic injuries however, there are no psychological/psychiatric records submitted for review. The requested treatments are biofeedback and cognitive behavioral therapy. The requested treatment was denied by the Claims Administrator on 11/24/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback training 6 visits once a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The CA MTUS guideline regarding the use of biofeedback will be used as reference for this case. There are no psychological or psychiatric records submitted for review to indicate a need for biofeedback services. Without sufficient information, the need for biofeedback training cannot be established. As a result, the request for "Biofeedback training x6vst 1xwk" is not medically necessary.

Cognitive Behavioral Therapy 6 visits once a week over 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. There are no psychological or psychiatric records submitted for review to indicate a need for cognitive behavioral therapy services. Without sufficient information, the need for CBT cannot be established. As a result, the request for "Cognitive Behavioral Therapy x6vst 1xwk over 3 months" is not medically necessary. It is noted that the injured worker received a modified authorization for 4 CBT sessions in response to this request.