MAXIMUS Federal Services

Case Number:	CM14-0212270		
Date Assigned:	01/02/2015	Date of Injury:	02/15/2012
Decision Date:	02/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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 59 year-old female ([redacted]) with a date of injury of 2/15/2012. The injured worker sustained multiple orthopedic injuries as the result of engaging in repetitive movements as part of her normal and customary duties working for the [redacted]. She is diagnosed by her treating physicians, [redacted] and [redacted] with: Left C6-C7 radiculopathy secondary to C5-C6 and C6-C7 disc herniation; S/P left shoulder surgery by [redacted] on March 11, 2014 for supraspinatus partial thickness tear; and Depression and anxiety disorder. It is also reported that the injured worker developed psychiatric/psychological symptoms secondary to her work-related orthopedic injury and pain. In his most recent psychological evaluation, dated 11/11/204, treating psychologist. [redacted] diagnosed the injured worker with: Major depression, single episode; Anxiety disorder, NOS; R/O Sleep disorder due to a medical condition; and Cognitive Disorder, NOS. He recommended continued psychological services including CBT psychotherapy as well as biofeedback. The requests under review are based on [redacted]' recommendations and are for CBT once every two weeks for an unknown duration as well as 6 biofeedback sessions, for which UR denied on 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Pain Therapy Once Every Two Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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.

Decision rationale: Based on the review of the medical records, the injured worker has been participating in psychotherapy since at least October 2013 through the present (although only his 8/6/2014 PR-2, 8/7/2014 evaluation, and 11/11/2014 evaluation are included for review). Unfortunately, it is unclear from the records as to how many sessions have been completed to date and the exact objective functional improvements that have been made from those sessions. Without having this information, the need for additional treatments cannot be fully determined. Additionally, the request for "Cognitive Behavioral Pain Therapy Once Every Two Weeks" remains too vague as it does not include a set number of sessions. As a result, the request for "Cognitive Behavioral Pain Therapy Once Every Two Weeks" is not medically necessary.

Biofeedback Therapy: Upheld

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

Decision rationale: Based on the review of the medical records, the injured worker has been participating in psychotherapy since at least October 2013 through the present (although only his 8/6/2014 PR-2, 8/7/2014 evaluation, and 11/11/2014 evaluation are included for review). Unfortunately, it is unclear from the records as to how many psychotherapy and/or biofeedback sessions have been completed to date and the exact objective functional improvements that have been made from those sessions. Without having this information, the need for additional treatments cannot be fully determined. As a result, the request for an unknown number of "Biofeedback Therapy X6" is not medically necessary.