

Case Number:	CM15-0132850		
Date Assigned:	07/21/2015	Date of Injury:	05/10/2014
Decision Date:	08/24/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/09/2015

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:

This 42-year-old man sustained an industrial injury on 5/10/2014. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 6/25/2014, lumbar spine MRI dated 6/26/2014, and electromyogram of the bilateral upper extremity dated 10/16/2014. Diagnoses include cervical degenerative disc disease, discogenic neck pain, cervical radiculitis, and moderate carpal tunnel syndrome. Treatment has included oral medications, stretching, physical therapy, and cervical epidural steroid injection. Physician notes dated 6/19/2015 show complaints of neck pain with radiation down the right arm with numbness and tingling, right shoulder, low back pain with radiation to the bilateral thighs, and hand pain with numbness and tingling that is noted to be unchanged. The worker rates his pain 5-6/10 with medications and 8-9/10 without medications. Recommendations include repeat epidural steroid injection, massage therapy, cognitive behavior therapy, urine drug screen, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of cognitive behavioral therapy with biofeedback for pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Biofeedback Page(s): 23-25. Decision based on Non-MTUS Citation

Official Disability Guidelines, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain
Official Disability Guidelines, Biofeedback therapy guidelines.

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 continues to experience chronic pain since his injury in May 2014. In the most recent progress report, treating provider, [REDACTED], recommended an initial trial of 6 psychotherapy visits with biofeedback to help the injured worker manage his chronic pain. The request under review is based upon this recommendation. In the use of psychological treatments for chronic pain, the CA MTUS 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." At this time, it does not appear that the injured worker has completed a thorough psychological evaluation that not only will offer specific diagnostic information, but appropriate treatment recommendations. Without this evaluation, the request for treatment is premature. Additionally, once an evaluation is conducted and if psychotherapy is recommended, the CA MTUS recommends an "initial trial of 3-4 visits". As a result, the request for 6 sessions of cognitive behavioral therapy with biofeedback for pain management is not medically necessary.