

Case Number:	CM15-0168094		
Date Assigned:	09/08/2015	Date of Injury:	06/25/2013
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female with a date of injury 06-25-2013. The injury reported was to the right shoulder and right middle finger. The worker was diagnosed with contusion, right shoulder sprain and neck sprain. A review of the medical record indicates the worker had a MRI of the right shoulder on 11-06-2013 which revealed a tear in the right shoulder muscle, avascular necrosis in the humeral head, degeneration in the right arm and shoulder joint, and inflammation in the right armpit. Medical records indicate the worker had cortisone injections in the shoulder which decreased her pain, and took the oral medications Relafen, Norco, and Flexeril. She also used a Transcutaneous Electrical Nerve Stimulation (TENS) unit and hot and cold packs to reduce pain symptoms. Surgery on the rotator cuff repair of the right shoulder was performed on 03-31-2015 followed by physical therapy (12 visits). She currently has complaint of chronic pain in the right shoulder joint exacerbated by physical activity, and anxiety and depression secondary to pain. The worker has had individual psychotherapy and cognitive behavioral therapy biofeedback sessions for diagnoses of pain disorder associated with both psychological factors and a general medical condition, depressive disorder not otherwise specified, and anxiety disorder not otherwise specified with a rule out of Major depressive disorder. According to the evaluative notes, on 01-26-2015 the worker's Beck Anxiety Inventory (BAI) score was mild, and Beck Depression Inventory scale (BDI-II) was moderate with a Pain Catastrophizing Scale rating of severe. In February, the BAI was severe, the BDI-II was severe, and the PCS was slightly decreased. According to the notes of 05-27-2015, by the evaluation of 05/40/2015, the BAI had decreased, as had the depression scores, but

the pain catastrophizing scores had increased thought to be secondary to increased physical therapy exercises and a decrease in pain medications. The ongoing treatment plan included biofeedback therapy and Psychotherapy Requests for authorization were made for: 1. Biofeedback therapy 1 x week x 6 weeks; 2. Psychotherapy 1 x week for 6 weeks. A utilization review 07/30/2015 none approved both the requested biofeedback therapy and the psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy 1 x week x 6 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Biofeedback (2) Mental Illness & Stress, Cognitive behavioral therapy (CBT).

Decision rationale: The claimant sustained a work-related injury in June 2013 and is being treated for chronic right shoulder pain with secondary depression. She was seen in January 2015 for a psychological assessment and 6 sessions of cognitive behavioral therapy and biofeedback and a psychiatric evaluation were requested. When seen for a psychiatric evaluation on 07/28/15, she was receiving psychotherapy and biofeedback treatments. As of 07/27/15, there appears to have been 6 treatment sessions completed. There was improvement in PCS, BAI, and BDI-II scores and the claimant was compliant with treatment recommendations. She was less isolated socially. Treatment goals included decreased medication use. In term of cognitive behavioral therapy, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 7-20 weeks. In this case the claimant had cognitive behavioral therapy treatments and some improvement is documented. The number of additional treatments being requested is consistent with guideline recommendations and is considered medically necessary. However, biofeedback is not recommended as a stand-alone treatment and is an option in a cognitive behavioral therapy program. Separate biofeedback sessions are not medically necessary.

Psychotherapy 1 x week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive behavioral therapy (CBT).

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 & Stress, Cognitive behavioral therapy (CBT).

Decision rationale: The claimant sustained a work-related injury in June 2013 and is being treated for chronic right shoulder pain with secondary depression. She was seen in January 2015 for a psychological assessment and 6 sessions of cognitive behavioral therapy and biofeedback and a psychiatric evaluation were requested. When seen for a psychiatric evaluation on 07/28/15, she was receiving psychotherapy and biofeedback treatments. As of 07/27/15, there appears to have been 6 treatment sessions completed. There was improvement in PCS, BAI, and BDI-II scores and the claimant was compliant with treatment recommendations. She was less isolated socially. Treatment goals included decreased medication use. In term of cognitive behavioral therapy, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 7-20 weeks. In this case the claimant had cognitive behavioral therapy treatments and some improvement is documented. The number of additional treatments being requested is consistent with guideline recommendations and is medically necessary.