

Case Number:	CM15-0168649		
Date Assigned:	09/09/2015	Date of Injury:	04/01/2013
Decision Date:	10/14/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/27/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 54 year old female who sustained an industrial injury on 04-01-13. A review of the medical record indicates that the injured worker is undergoing treatment for major depressive disorder and anxiety disorder, as well as cervical disc degeneration, brachial neuritis or radiculitis, cervicgia, and cervical spondylosis. Medical records (06-17-15) indicate the injured worker has feelings of irritability, sadness, and hopelessness, as well as cognitive dysfunction. Treatment has included medications, acupuncture, physical therapy, chiropractic treatments, and 2 epidural analgesic injections. The original utilization review (08-04-15) the requested 6 treatments of cognitive behavioral therapy and biofeedback were partially certified to 4 sessions of cognitive behavioral therapy and biofeedback as only 4 sessions of each recommended per the MTUS guidelines. The 3 requested psychiatrist evaluations were partially certified to 1 psychiatrist evaluation as this is the number of recommended visits per the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 1x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends: screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions.) Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for Cognitive behavioral therapy 1x6 exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time. It is to be noted that the UR physician authorized 4 visits

Biofeedback sessions x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: MTUS states Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. The request for Biofeedback sessions x 6 is excessive and not medically necessary as evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. It is to be noted that the UR physician authorized 4 sessions.

Psychiatrists evaluation 1x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Upon review of the submitted documentation, there is no clinical indication for the need for Psychiatrists evaluation 1x3. It is to be noted that the UR physician authorized one evaluation, therefore is not medically necessary.