

Case Number:	CM15-0185244		
Date Assigned:	09/25/2015	Date of Injury:	09/07/2012
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/21/2015

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:

The injured worker is a 39 year old male, who sustained an industrial injury on 9-7-12. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for bilateral ankle pain. Medical records dated 8-19-15 indicate the injured worker complains of worsening left ankle pain and unchanged right ankle pain. Pain, stiffness and weakness are described as "moderate." The treating physician indicates psychologist treatments "seemed to have helped the patient." Physical exam dated 8-19-15 notes bilateral ankle tenderness to palpation, decreased range of motion (ROM), decreased strength and spasm. Treatment to date has included cognitive behavioral therapy (CBT), relaxation technique, medication and home exercise program (HEP). The original utilization review dated 8-28-15 indicates the request for psych testing and biofeedback is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from psychologist, [REDACTED], for an unknown number of sessions over an unknown duration of time. Unfortunately, there was only one PR-2 report, dated 6/5/15, included for review. The report failed to identify the number of completed sessions to date nor offer any specific information regarding the interventions being used and the progress being made as a result of those interventions. Without sufficient information regarding prior treatment, the need for additional treatment cannot be fully determined. Additionally, it is unclear as to why additional psych testing is being requested. As a result, the request for psych testing is not medically necessary.

Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback therapy guidelines.

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from psychologist, [REDACTED], for an unknown number of sessions over an unknown duration of time. Unfortunately, there was only one PR-2 report, dated 6/5/15, included for review. The report failed to identify the number of completed sessions to date nor offer any specific information regarding the interventions being used and the progress being made as a result of those interventions. Records indicate that biofeedback had been previously requested, however, it is unclear whether it was authorized and completed. Without sufficient information regarding prior treatment, the need for additional treatment cannot be fully determined. As a result, the request for an unknown number of biofeedback sessions is not medically necessary.