

Case Number:	CM15-0192830		
Date Assigned:	10/06/2015	Date of Injury:	07/31/2012
Decision Date:	11/18/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	09/30/2015

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 42 year old male who sustained an industrial injury July 31, 2012. Past history included trigger point injections bilateral trapezius and cervical paraspinals. Diagnoses are chronic neck pain secondary to cervical degenerative disc disease C4-5, C5-6; chronic low back pain secondary to lumbosacral degenerative disc disease L3-4; left shoulder pain secondary to rotator cuff tear; chronic headaches; chronic pain syndrome; neuropathic pain. A behavioral medicine functional restoration psychologist's note dated August 26, 2014, found the injured worker presenting for aftercare, since completing a 20-day chronic pain functional restoration program. His mood appeared somewhat depressed and his affect reflected his mood and thought content. There were no complaints of appetite problems but he complained of poor sleep. Memory and concentration appeared intact, good energy level, denied any suicidal ideation or homicidal ideation. He is walking daily, performing yoga and Tai Chi three to four times a week. According to a primary treating physician's report dated August 25, 2015, the injured worker presented with complaints of persistent neck and shoulder pain with headaches. He reported using Naproxen and Capsaicin cream to manage his neck symptoms and is tapering down from narcotic use. Objective findings included; ambulates slowly; marked tenderness on palpation cervical paraspinals with multiple triggers; decreased cervical range of motion, flexion, extension, and side bending; motor strength both upper extremities 5 out of 5 proximal and distal. Treatment plan included to continue with Naproxen, Flexeril, and Capsaicin cream and at issue, a request for authorization dated September 15, 2015, for (8) biofeedback sessions and (8) psychotherapy-CBT (cognitive behavioral therapy). According to utilization review dated September 22, 2015, the request for (8) sessions of psychotherapy-CBT and biofeedback was modified to (4) sessions of psychotherapy - CBT. The request for (8) biofeedback sessions was modified to (4) biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) sessions of psychotherapy/CBT (Cognitive Behavioral Therapy): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the review of the medical records, the injured worker has received psychological services intermittently for the past few years by different providers. He most recently completed services with [REDACTED] for an unknown number of sessions and over an unknown duration of time. In the 8/25/15 report, treating physician, [REDACTED], recommended additional psychological treatment including psychotherapy and biofeedback, for which the request under review is based. Unfortunately, there are no recent psychological records included for review. It is unclear as to when the injured worker completed his last psychological services. Without relevant information about prior services, it is unknown whether a new psychological evaluation needs to be conducted prior to psychotherapy or whether the request under review is for additional treatment. Either way, the CA MTUS recommends an "initial trial of 3-4 visits over 2 weeks and with evidence of objective functional improvement, total of up to 10 visits" may be needed. Based on this guideline, the request for 8 psychotherapy sessions exceeds the recommendation. As a result, the request is not medically necessary. It is noted that the injured worker received a modified authorization for 4 psychotherapy sessions in response to this request.

Eight (8) biofeedback sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback. 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 received psychological services intermittently for the past few years by different providers. He most recently completed services with [REDACTED] for an unknown number of sessions and over an unknown duration of time. In the 8/25/15 report, treating physician, [REDACTED], recommended additional psychological treatment including psychotherapy and biofeedback, for which the request under review is based. Unfortunately, there are no recent psychological records included for review. It is unclear as to when the injured worker completed his last psychological services. Without relevant information about prior services, it is unknown whether a new psychological evaluation needs to be conducted prior to psychotherapy or whether the request under review is for additional treatment. Either way, the CA MTUS recommends that biofeedback be used in conjunction with psychotherapy. In regards to psychotherapy, the CA MTUS recommends an "initial trial of 3-4 visits over 2 weeks and with evidence of objective functional improvement, total of up to 10 visits" may be needed. Based on this guideline, the request for 8 biofeedback sessions exceeds the recommendation. As a result, the request is not medically necessary. It is noted that the injured worker received a modified authorization for 4 biofeedback sessions in response to this request.