MAXIMUS Federal Services

Case Number:	CM15-0208847		
Date Assigned:	10/27/2015	Date of Injury:	01/26/2015
Decision Date:	12/10/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/23/2015

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, Texas
Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 33-year-old mal, who sustained an industrial injury on 01/26/2015. Medical records indicate the worker is undergoing treatment for neck and low back pain right upper extremity pain and insomnia. Treatments have included limited intense neurostimulation therapy (LINS) and medications. He has been prescribed cyclobenzaprine, omeprazole, and nabumetone. His internist gave him zolpidem 5mg for insomnia. An initial pain management psychological evaluation and consult report of 09/16/2015 shows that he continued to complain of pain in the right shoulder, neck and low back. He endorsed sadness, worry, irritability, impaired focus/concentration, sleep problems and decreased resiliency in coping with daily life stressors due to psychological stress. His Beck Depression Inventory=36 (severe), Beck Anxiety Inventory=17 (moderate). He was given the diagnosis of adjustment disorder with mixed anxiety and depressed mood. On 9-25-2015, the Request for Authorization requested (6) psychological treatment sessions and Six (6) biofeedback sessions. On 09/29/2015, UR modified the request for Six (6) psychological treatment sessions and Six (6) biofeedback sessions to #4 of each.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) psychological treatment sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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

Decision rationale: 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 guidelines recommend an initial trial of 3-4 initial visits, and if objective functional improvement has been shown more sessions may be authorized. An initial four sessions were given in UR of 09/29/15. No documentation has been provided to show that the patient has received them, and if so a reassessment for objective functional improvement. This request is not medically necessary.

Six (6) biofeedback sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. 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: Biofeedback is not recommended as a standalone treatment. It may be used in conjunction with CBT. Four sessions were certified, along with four psychological treatment sessions. All of these appear to be outstanding at this time. As the psychological treatment sessions have been noncertified herein, this request is not medically necessary.