

Case Number:	CM15-0058425		
Date Assigned:	04/03/2015	Date of Injury:	03/13/2014
Decision Date:	05/05/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/27/2015

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
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 59 year old female who sustained an industrial injury on 03/10/14. Initial complaints and diagnoses are not available. Treatments to date were not addressed. Diagnostic studies include a neurology consultation and a nerve conduction study. Current complaints include pain in her neck, head, upper back, lower legs, left leg, arms, and chest. In a progress note dated 01/06/15 the treating provider reports the plan of care as a MRI of the head, neurology consultation, general surgery consultation, neuropsychological evaluation, MRI of the thoracic and cervical spine, and medications including Prilosec and Lodine, as well as work restrictions. The requested treatments are Cognitive Behavioral Therapy and biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy 3-4 times a week for 2 weeks (total of 8 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Based on the review of the UR determination letter, the injured worker was evaluated by [REDACTED] and it was recommended by him that the injured worker receive follow-up CBT and biofeedback services. Unfortunately, [REDACTED] records were not included for review. Without any information about the injured worker's psychiatric symptoms and functioning, the need for psychological services cannot be determined. As a result, the request for CBT sessions is not medically necessary.

Biofeedback therapy 3-4 times a week for 2 weeks (total of 8 sessions): 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), CBT Guidelines for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: Based on the review of the UR determination letter, the injured worker was evaluated by [REDACTED] and it was recommended by him that the injured worker receive follow-up CBT and biofeedback services. Unfortunately, [REDACTED] records were not included for review. Without any information about the injured worker's psychiatric symptoms and functioning, the need for psychological services cannot be determined. As a result, the request for biofeedback sessions is not medically necessary.