

Case Number:	CM14-0112549		
Date Assigned:	09/16/2014	Date of Injury:	06/15/2000
Decision Date:	10/30/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Psychology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 61 year-old male [REDACTED] with a date of injury of 6/16/00. The claimant sustained injuries to his neck and back as the result of strenuous and repetitive movements while engaging in his usual and customary work duties as a freight handler/packer/inventory controller for [REDACTED]. In his "Workers Comp Pain Management Re-Evaluation & Request for Authorization" dated 6/9/14, [REDACTED] diagnosed the claimant with: (1) Status post lumbar spine surgeries; (2) Status post L4 to S1 fusion with residual pain; and (3) Low back pain with radicular symptoms to lower extremities. Additionally, in his 5/7/14 visit note, [REDACTED] diagnosed the claimant with: (1) Status post posterior spinal fusion from L4-S1 with associated disc space fusion, stable; and (2) Multilevel lumbar spondylosis with non-dynamic retrolisthesis at L1-L2 and L2-L3. It is also reported that the claimant developed psychiatric symptoms secondary to his work-related orthopedic injuries and chronic pain. In her "Psychological Evaluation for Readiness for Surgical Procedure" dated 5/29/14, [REDACTED] diagnosed the claimant with Adjustment Disorder, NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Psychotherapy Treatment (6 to 8-sessions, once per week for 6 to 8-weeks):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: P.

Decision rationale: The MTUS Chronic Pain Guidelines regarding the use of behavioral interventions in the treatment of chronic pain will be used as references for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since his injury in 2000 despite conservative care and surgeries. He has also developed psychiatric symptoms secondary to his chronic pain. Although the claimant appears to be a candidate for follow-up psychological treatment, the request for "Individual Psychotherapy Treatment 6-8 once per week for 6-8 weeks" exceeds the number of initial sessions set for the by the MTUS Chronic Pain Guidelines. The MTUS Chronic Pain Guidelines recommends an initial trial of 4 sessions. As such, the request is not medically necessary and appropriate.

Biofeedback Therapy (6 to 8-sessions, once per week for 6 to 8-weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Therapy.

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

Decision rationale: In a "Psychological Evaluation for Readiness for Surgical Procedure" dated 5/29/14, follow-up psychological services were recommended after the claimant received his spinal cord stimulator. It states, "Psychological treatment is being recommended...in individual and/or group sessions for approximately 6 to 8 sessions." Although the claimant appears to be a candidate for follow-up psychological treatment, the request for "Biofeedback Therapy (6-8 sessions, once per week for 6-8 weeks)" exceeds the number of initial sessions set forth by the MTUS Chronic Pain Guidelines. The MTUS Chronic Pain Guidelines recommends an initial trial of 3-4 sessions over two weeks. As such, the request is not medically necessary and appropriate.