

Case Number:	CM14-0116200		
Date Assigned:	09/16/2014	Date of Injury:	12/22/2013
Decision Date:	10/15/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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 57 year-old male (██████████) with a date of injury of 12/22/13. The claimant sustained injury to his neck, back, left shoulder, and abdomen as the result of engaging in his routine and customary duties while working as a general laborer for ██████████. In their 6/30/14, "Request for Treatment Authorization", ██████████ and ██████████ diagnosed the claimant with: (1) Strain and sprain of the cervical and lumbar spine; (2) Strain and sprain of the left knee; (3) Groin pain; and (4) Depression and anxiety secondary to above diagnoses. Additionally, in their "Psychological Pain Consultation Bio-Behavioral Pain Management" report dated 6/30/14, ██████████ and ██████████ diagnosed the claimant with: (1) Depressive disorder, NOS; (2) Adjustment disorder with mixed emotional features; (3) Anxiety disorder, NOS; (4) Pain disorder associated with psychological factors and general medical condition; and (5) Sleep disorder due to both psychological factors and general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

6-12 Sessions of Bio-Behavioral Pain Management (Psychological Pain Consultation and Bio-Behavioral Treatment Interventions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment ; Behavioral interventions ; Biofeedback Page(s): 101-102, 23, 24-25.

Decision rationale: The CA MTUS guidelines regarding the psychological treatment and the use of both behavioral interventions and biofeedback 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 December 2013 and has developed psychiatric symptoms of depression and anxiety secondary to his work-related orthopedic injury and subsequent pain. He completed a psychological pain consultation with [REDACTED] and [REDACTED] on 6/30/14. In that report, the doctors recommended 6-12 bio-behavioral pain management sessions. The CA MTUS indicates that for the behavioral treatment of chronic pain as well as the use of biofeedback, there is to be an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. Given this information, the request for an initial 6-12 sessions exceeds the recommended number of initial sessions set forth by the CA MTUS. As a result, the request for "6-12 Sessions of Bio-Behavioral Pain Management (Psychological Pain Consultation and Bio-Behavioral Treatment Interventions)" is not medically necessary.