

Case Number:	CM14-0125602		
Date Assigned:	08/11/2014	Date of Injury:	03/08/2011
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/07/2014

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 licensed 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 55 year-old female [REDACTED] with a date of cumulative trauma injury of 3/8/11. The claimant sustained injuries to her shoulders, wrists, hands, and right elbow as the result of repetitive keyboard use while working as an operations manager for [REDACTED]. In the PR-2 report dated 4/22/14, [REDACTED] diagnosed the claimant with: (1) Right elbow lateral epicondylitis, extensor tendinosis and interstitial tear; (2) Right shoulder impingement syndrome, partial rotator cuff tear; (3) Symptomatic acromio-clavicular osteoarthritis; (4) History of left shoulder rotator cuff repair (2009); and (5) Worsening upper extremity symptoms: shoulder sprain/strain, shoulder impingement syndrome, humerus/elbow - epicondylitis lateral. Additionally, in her 6/24/14 PR-2 report, [REDACTED] diagnosed the claimant with: (1) Left upper extremity repetitive strain syndrome; (2) Left elbow - forearm myofascial pain; and (3) Possible left cubital tunnel syndrome. The claimant has been treated for these conditions with physical therapy and surgery. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his 2/3/14 "Psychological Consultation Report" and subsequent "Psychological Status Reports" [REDACTED] diagnosed the claimant with: (1) Pain disorder associated with both psychological factors and a general medical condition; and (2) Depressive disorder, NOS. The claimant has been receiving psychotherapy and biofeedback services to treat her psychiatric symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Concurrent Request for 6 Sessions of Psytx (psychotherapy treatment) Patient & Family with Biofeedback Was Given a Noncertification: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-COGNITIVE BEHAVIORAL THERAPY

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions ; Biofeedback Page(s): 23; 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions and biofeedback in the treatment of chronic pain as well as the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant was evaluated by [REDACTED] in February 2013. In that report, it was recommended that the claimant begin psychotherapy with biofeedback sessions, which she began in March 2014. It appears that the claimant has completed at least 18 psychotherapy with biofeedback sessions (based on 3 separate authorizations of 6 sessions each). The Utilization Review Determination letter dated 7/24/14 indicated a total of 20 sessions completed. Although [REDACTED] reports are well-written and offer relevant and appropriate information, the guidelines do not support continued treatment. The CA MTUS guideline indicates a total of 10 psychotherapy sessions in the treatment of chronic pain, which corresponds to the guideline regarding biofeedback. The ODG is a bit more generous and recommends a total of up to 20 psychotherapy sessions in the treatment of depression. Given these three guidelines, the request for an additional 6 sessions exceeds the recommendations. As a result, the request for "Concurrent Request for 6 Sessions of Psytx (psychotherapy treatment) Patient & Family with Biofeedback is not medically necessary.