

Case Number:	CM14-0136851		
Date Assigned:	09/03/2014	Date of Injury:	02/04/2009
Decision Date:	10/08/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/25/2014

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 Child and Adolescent Psychiatry 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 injured worker is a 41 year old female who was injured at work on 2/4/2009. She fell off a ladder at work, injuring her lumbar spine, left knee, neck, and both wrists. She was diagnosed with Lumbar Spondylosis. Subsequently, she experienced persisting pain in her lower back and lower extremity. The injured worker received analgesic medications including Percocet and Tramadol. Physical treatment for her symptoms and pain included lumbar spinal fusion surgery, as well as lumbar facet joint injections and epidural spinal injections. Due to chronic pain occurring, the patient became increasingly depressed and anxious, with panic attacks, feeling hopeless, lack of enjoyment, and social withdrawal. The treating psychiatrist diagnosed her with Pain Disorder Associated with Both Psychological Factors and a General Medical Condition, Unspecified Major Depression, and Generalized Anxiety Disorder. She received an unknown number of sessions of cognitive behavioral therapy (CBT). She also had bariatric surgery for obesity. The 7/31/14 progress report by the treating physician documented that the injured worker demonstrated decrease in her level of anxiety by 35%, improvement in her attendance of structured activity outside of her home by 15%. She was also making better participation in the recommended home exercise program and stretching. A request was made for an additional 12 sessions with a psychologist, as well as 6 biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional sessions with psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

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

Decision rationale: MTUS guidelines indicate that cognitive behavioral therapy (CBT) is recommended in the treatment of individuals suffering from chronic pain with associated mental health symptoms. It is most beneficial in reinforcing coping skills for pain relief, as well as in screening individuals with risk factors for delayed recovery, including fear avoidance beliefs. An initial trial of 3 - 4 sessions over 2 weeks is recommended, to be followed by additional sessions up to a 6 - 10 session maximum if there has been evidence of objective functional improvement. The injured worker is diagnosed with Unspecified Major Depression and Generalized Anxiety Disorder. According to the most recent progress report, she has received an unknown number of sessions of individual psychotherapy to date. There is documentation of some objective functional improvement as a result of prior sessions completed. Based on the information provided, to date the injured worker has likely had more than the guideline recommended maximum number of 10 sessions. In the absence of knowing the precise number of sessions completed already, therefore, the request for additional sessions is not medically.

6 sessions of biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy (CBT) Page(s): 23.

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

Decision rationale: MTUS guidelines indicate that biofeedback is not recommended as a stand-alone treatment but as an option in a cognitive behavioral therapy (CBT) program to assist exercise therapy and return to work. The research evidence is insufficient to demonstrate the effectiveness of biofeedback for the treatment of chronic pain. The injured worker is diagnosed with Pain Disorder. She suffers from chronic pain. In the absence of compelling evidence of efficacy, therefore, the request for biofeedback sessions is not medically necessary.