

Case Number:	CM14-0145443		
Date Assigned:	09/12/2014	Date of Injury:	08/22/2008
Decision Date:	11/28/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/08/2014

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 46 year-old female (██████████) with a date of injury of 8/22/08. The claimant sustained injury to her back when she was stacking wooden pallets for a prolonged period of time. The claimant sustained this injury while working as an Assistant Manager for ██████████. In their PR-2 report dated 8/20/14, ██████████ and ██████████ offered the following diagnoses: (1) Degenerative disc disease, lumbar; (2) Other pain disorder related to psychological factors; (3) Mood disorder in conditions classified elsewhere; (4) Radiculopathy, L/S; and (5) Failed back syndrome, lumbar. The claimant has been treated with medications, physical therapy, acupuncture, injections, chiropractic, and surgery. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injury. In the Psychological Evaluation for readiness for Surgical Procedure dated 8/12/14, ██████████ diagnosed the claimant with: (1) Depressive Disorder, NOS; and (2) Anxiety Disorder, NOS. In the RFA dated 8/15/14, ██████████ added suicidal ideation and cutting to the claimant's diagnostic information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological treatment, 6-8 sessions prior to surgery and 8-10 sessions post surgery:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness and Stress/Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the treatment of depression therefore; 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 continues to experience chronic pain since her injury in August 2008. She also experiences symptoms of depression and anxiety secondary to her pain. In the Psychological Evaluation for readiness for Surgical Procedure" dated 8/12/14, [REDACTED] recommended that the claimant "begin receiving psychological treatment as soon as it is feasible prior to the surgical procedure in order to relieve the psychological distress she is currently experiencing." Additionally, [REDACTED] recommended that the claimant receive psychological services following her surgery as well in order to optimize her benefits from the surgical procedure. Lastly, it was recommended that the claimant also receive biofeedback treatment for her chronic pain. The request under review is based on [REDACTED] recommendations. The records offer relevant information to substantiate the claimant's need for psychological services however, the ODG indicates that there is to be an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Given this information, the request for 6-8 sessions prior to surgery and another 8-10 session following surgery exceed the recommended guideline. As a result, the request for "Psychological treatment, 6-8 sessions prior to surgery and 8-10 sessions post-surgery" is not medically necessary. It is noted that the claimant received a modified authorization for 3-4 psychotherapy sessions prior to surgery.

Biofeedback therapy 6-8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Therapy (CBT) ; Biofeedback Page(s): 23, 24-25.

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

Decision rationale: The CA MTUS guideline regarding the use of biofeedback will be used as reference for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in August 2008. She also experiences symptoms of depression and anxiety secondary to her pain. In the Psychological Evaluation for readiness for Surgical Procedure" dated 8/12/14, [REDACTED] recommended that the claimant "begin receiving psychological treatment as soon as it is feasible prior to the surgical procedure in order to relieve the psychological distress she is currently experiencing." Additionally, [REDACTED] recommended that the claimant receive psychological services following her surgery as well in order to optimize her benefits from the surgical procedure. Lastly, it was recommended that the

claimant also receive biofeedback treatment for her chronic pain. The request under review is based on [REDACTED] recommendations. The records offer relevant information to substantiate the claimant's need for psychological services however, the CA MTUS guideline recommends an "initial trial of 3-4 visits over 2 weeks". The request for initial "Biofeedback therapy 6-8 sessions" exceeds the guidelines and is therefore, not medically necessary.