

Case Number:	CM14-0178529		
Date Assigned:	10/31/2014	Date of Injury:	10/03/2011
Decision Date:	12/08/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/28/2014

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 65 year-old female (██████████) with a date of injury of 10/3/11. The claimant sustained injury to her back and bilateral upper extremities when she slipped and fell while working as an EKG technician for ██████████. In her RFA dated 10/20/14, ██████████ diagnosed the claimant with: (1) Cervical IVD degeneration; (2) Shoulder sprain; and (3) Knee sprain unspecified site. The claimant has received medications, chiropractic, acupuncture, and surgery for her chronic pain. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries and chronic pain. It appears that the claimant was seen by ██████████, psychological assistant to ██████████ on 10/15/14. In the RFA dated 10/16/14, the claimant is diagnosed with Depressive Disorder, NOS and Pain Disorder. The requests under review are for follow-up psychological services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback Training QTY 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 399-400.

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 has continued to experience chronic pain since her injury in October 2011. It appears that she was seen by [REDACTED], psychological assistant of [REDACTED], on 10/15/14 however, there is neither psychological evaluation nor initial report describing the services completed. It is unclear whether a psychological evaluation was conducted prior to the RFA dated 10/16/14 for which the requests under review are based. With the limited documentation on the RFA submitted for review, the need for additional psychological services cannot be fully determined. As a result, the request for "Biofeedback Training QTY 4" is not medically necessary.

Psychotherapy 4 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain

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

Decision rationale: The CA MTUS guideline regarding the use of behavioral interventions in the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in October 2011. It appears that she was seen by [REDACTED], psychological assistant of [REDACTED], on 10/15/14 however, there is neither psychological evaluation nor initial report describing the services completed. It is unclear whether a psychological evaluation was conducted prior to the RFA dated 10/16/14 for which the requests under review are based. With the limited documentation on the RFA submitted for review, the need for additional psychological services cannot be fully determined. As a result, the request for "Psychotherapy 4 sessions" is not medically necessary.

Follow up office visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004 page 127

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 use of office visits, therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this case. Based on the review of the medical records, the claimant has continued to experience chronic pain since her injury in October 2011. It appears that she was seen by [REDACTED], psychological assistant of [REDACTED], on 10/15/14 however, there is no psychological evaluation nor initial report describing the services completed. It is unclear whether a

psychological evaluation was conducted prior to the RFA dated 10/16/14 for which the requests under review are based. With the limited documentation on the RFA submitted for review, the need for additional psychological services cannot be fully determined. As a result, the request for "Follow up office visit" is not medically necessary.