

Case Number:	CM15-0110113		
Date Assigned:	06/16/2015	Date of Injury:	08/27/2011
Decision Date:	07/15/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 30 year old male, who sustained an industrial injury on 08/27/2011. He has reported subsequent low back, neck and head pain and bilateral upper and lower extremity numbness and was diagnosed with cervicalgia and pain in joint involving pelvic region and thigh. The injured worker also experienced anxiety and depression and was diagnosed with post- traumatic stress disorder and major depressive disorder. Treatment to date has included medication, application of heat and ice, a home exercise program and cognitive behavioral therapy. In a progress note dated 03/13/2015, the injured worker complained of back, neck and head pain and frequent bilateral lower and upper extremity numbness as well as PTSD symptoms. Objective findings were notable for difficulty with prolonged sitting, muscular bracing, stiffness, fixation on pain and symptoms with catastrophizing thoughts, guarding behavioral, somatic hypervigilance, fatigue, agitation in the upper extremities, depressed and anxious mood and losing train of thought on a consistent basis. The injured worker was noted to have completed a course of CBT and concurrent relaxation techniques using biofeedback with good results. The physician noted that without monthly maintenance follow-up visits, the A request for authorization of cognitive behavioral therapy and relaxation/biofeedback sessions once a month for 8 months was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy and relaxation/biofeedback sessions one a month for 8 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Biofeedback Page(s): 23-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 23-25 of 127.

Decision rationale: Regarding the request for cognitive behavioral therapy and relaxation/biofeedback sessions one a month for 8 months, CA MTUS recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Within the documentation available for review, it is noted that the patient has had this treatment in the past, but specific objective functional improvement has not been documented. Furthermore, the requested number of sessions and duration exceeds the recommendations of the CA MTUS, and unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested cognitive behavioral therapy and relaxation/biofeedback sessions one a month for 8 months are not medically necessary.