

Case Number:	CM15-0111826		
Date Assigned:	06/18/2015	Date of Injury:	04/13/1993
Decision Date:	07/24/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 57-year-old female sustained an industrial injury on 4/13/93. She subsequently reported neck pain. Diagnoses include cervical disc displacement, cervical postlaminectomy syndrome, chronic pain syndrome, severe comorbid depression and anxiety and major depression disorder. Treatments to date include x-ray and MRI testing, back surgery, physical therapy and prescription pain medications. The injured worker continues to experience psychological complaints associated with her chronic pain. Upon examination, the injured worker was not in control of her pain, had poor coping and experienced behavioral avoidance. The mental status evaluation and testing revealed moderate pain behaviors, severe perceived pain and suffering, severe to crippling perceived impairment, severe clinical depression with suicidal ideation absent, mild despair, severe anxiety and no risk for medication abuse/ noncompliance. A request for 8 cognitive behavioral sessions and 8 biofeedback sessions was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 cognitive behavioral sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain 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 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). The injured worker has been diagnosed with cervical disc displacement, cervical postlaminectomy syndrome, chronic pain syndrome, severe comorbid depression and anxiety and major depression disorder. Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for behavioral treatment of chronic pain. However, the request for 8 cognitive behavioral sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary.

8 biofeedback sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Biofeedback therapy guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (Chronic) Topic : Hypnosis.

Decision rationale: ODG states "Hypnosis is recommended as a conservative option, depending on the availability of providers with proven outcomes, but the quality of evidence is weak. Hypnosis treatment may have a positive effect on pain and quality of life for patients with chronic muscular pain. Data to support the efficacy hypnosis for chronic low back pain are limited. "ODG Hypnotherapy Guidelines: Initial trial of 4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 10 visits over 6 weeks (individual sessions). The injured worker has been diagnosed with cervical disc displacement, cervical post laminectomy syndrome, chronic pain syndrome, severe comorbid depression and anxiety and major depression disorder. Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and would be a good candidate for treatment of chronic pain with biofeedback. However, the request for 8 biofeedback sessions exceeds the guideline recommendations for an initial trial and thus is not medically necessary.

