

Case Number:	CM15-0124431		
Date Assigned:	07/08/2015	Date of Injury:	05/25/2011
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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

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 53 year old female who sustained an industrial injury on 5/25/11. Orthopedic progress note dated 6/10/15 reports continued pain in right and left elbow and wrist. The pain, stiffness and weakness are moderate and numbness mild. The injured worker has associated symptoms of sleep issues, stress and depression. Diagnoses include: sprain/strain of wrist, sprain/strain of elbow/arm and lesion of ulnar nerve. Plan of care includes: continue medications; refilled lyrica and ultram, resume individual therapy, pain management evaluation, urine analysis for drug compliance. Work status is total temporarily disabled. Follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Resume individual psychotherapy 1 x a month for 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Stress Related Complaints, pages 387-405.

Decision rationale: Submitted reports from the provider has not adequately demonstrated the patient current psychological status nor indicated any psychologic re-evaluation has been done or what functional response has been attained from continued psychological therapy treatment with the patient has had for this chronic injury of 2011 with unchanged pain symptoms and clinical findings without specific neurological deficits. The Resume individual psychotherapy 1 x a month for 3 months is not medically necessary and appropriate.

Biofeedback 1x3 months: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): Stress Related Complaints, BEHAVIORAL TECHNIQUES, pages 387-405.

Decision rationale: It is unclear how many biofeedback sessions have been completed or if treatment is concurrent with Cognitive Behavioral Therapy (CBT). Per Guidelines, Biofeedback is not suggested as a stand-alone therapy, but may be incorporated after an adequate trial of CBT, not demonstrated here. The CBT must first show functional improvements and the necessity of the biofeedback as appropriate in order to deal better with the pain, improve functionality, and decrease medications; however, this has not been adequately demonstrated in the submitted reports as the patient's function remains unchanged with overall daily activities without decrease in pharmacological dosages, medical utilization, without progress or change in functional status post treatment already rendered for this chronic injury of 2011. Medical necessity for Biofeedback has not been established and guidelines criteria are not met. The Biofeedback 1x3 months is not medically necessary and appropriate.

Psychological testing 1 x 3 months (2 hours): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 396-397, Chronic Pain Treatment Guidelines Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23; Psychological Treatment, Pages 101-102.

Decision rationale: Submitted reports have not described what psychological testing or evaluation are needed or identified what specific goals are to be obtained from the additional psychological evaluation beyond the pain psychological evaluation to meet guidelines criteria. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued Psychotherapy evaluation. There are no specific symptom complaints or clinical findings to support for the repeated psychological testing referral or do the guidelines recommend numerous testing or general psychological treatments without assessment of functional benefit to support future care. The Psychological testing 1 x 3 months (2 hours) is not medically necessary and appropriate.