

Case Number:	CM15-0126565		
Date Assigned:	07/13/2015	Date of Injury:	07/25/2012
Decision Date:	08/12/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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: Psychologist

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 54 year old male, who sustained an industrial injury on 7/25/12. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include left wrist internal derangement, status post surgical repair, and left wrist strain with underlying degenerative joint disease. Treatments to date include activity modification, medication therapy, physical therapy, psychotherapy, and cortisone injections. Currently, he complained of left wrist and left hand pain. On 6/18/15, the physical examination documented diffuse tenderness in the left wrist. The plan of care included follow up office visit x 1 over two months; cognitive behavioral therapy six - ten visits weekly over five to six weeks, and biofeedback therapy 6-10 visits, one a week for five to six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up office visit x1 over 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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: Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED]. It appears that he has received some benefit from the individual psychotherapy and biofeedback services, however further treatment has not been authorized at this time. As a result, there does not appear to be a need for any additional follow-up office visits that are utilized to assess the effectiveness of current services. Therefore, the request for a follow-up office visits is not medically necessary.

Cognitive behavioral therapy, 6 - 10 visits, once weekly over 5 - 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED]. It appears that he completed a total of 6 individual psychotherapy sessions with [REDACTED], MA. In the treatment of chronic pain, the CA MTUS recommends "an initial trial of 3-4 visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be warranted. Given this guideline, the request for an additional 6-10 sessions exceeds the total number of recommended sessions. As a result, the request is not medically necessary.

Biofeedback therapy, 6 - 10 visits, once weekly over 5 - 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED]. In addition to individual psychotherapy, the injured worker has also received biofeedback sessions for a total of 2 completed sessions to date. The CA MTUS recommends the use of biofeedback "in conjunction with CBT" and recommends "an initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be warranted. It further suggests that "patients may continue biofeedback exercises at home." It is unclear why only 2 biofeedback sessions were completed when the injured worker completed 6 CBT sessions. Unfortunately, no further CBT treatment has been authorized to be used conjointly with any additional biofeedback and the request for 6-10 sessions remains too vague as it does not specify an exact number. As a result, the request for an additional 6-10 biofeedback sessions is not medically necessary.