

Case Number:	CM15-0146483		
Date Assigned:	09/10/2015	Date of Injury:	09/14/2011
Decision Date:	10/13/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 59 year old male, who sustained an industrial injury on 9-14-11. Initial complaints were of an injury to his right elbow and right shoulder due to a slip and fall. The injured worker was diagnosed as having pain disorder; depressive disorder; anxiety disorder. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-24-15 are of a consultation. These notes indicated the injured worker was in the office for a specialty follow-up consultation. He was seen approximately 4-6 weeks ago and was having difficulty obtaining authorizations for his medications and was advised by his attorney he could not apply for these medications for at least one year. Alternative ways of obtaining the medications are necessary as the provider notes an abrupt discontinuance would result in significant and potentially dangerous withdrawal side effects. The provider notes that these medications provided significant functional improvement and demonstrated control of pain to allow him to participate in rehabilitative exercise. He has been approved for Cymbalta and Rozerem but not for Hydromorphone and methadone. Since methadone is short-acting, he has transitioned down to lithium. He finds this effective. He continues to use crutches and a cane to ambulate and treated by his primary provider with conservative care for his shoulder pain. He reports he is sleeping through the night. The provider notes the primary concern is for his has been to get back involved with a clinical pain psychologist to try to optimize his condition in consideration for possible trial of a spinal cord stimulator or other implantable therapy to control his pain adequately and eliminate the use of ongoing oral medications. He has a surgical history of an L5-S1 laminectomy and microdiscectomy on 9-11-13. It was recommended that he has a lateral facetectomy and fusion. He saw a clinical pain psychologist who advised that due to his

high anxiety and frustration scores, pre-surgical screening factors of 11 above the cutoff of poor prognosis was felt to be an intermediate poor candidate for interventional treatment until a psychological condition can be stabilized. A Request for Authorization is dated 7-28-15. A Utilization Review letter is dated 7-27-15 and a modified authorization of the Psychotherapy for 6 sessions to 1 session only and Biofeedback for 6 sessions to 4 sessions only. The provider is requesting authorization of Psychotherapy for 6 sessions and Biofeedback for 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy for 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental section, under Psychotherapy.

Decision rationale: This claimant was injured now 4 years ago, with injury to his right elbow and right shoulder due to a slip and fall. The diagnoses were pain disorder; depressive disorder; and anxiety disorder. Treatment to date has included physical therapy; medications. There was a June note documenting issues regarding acquiring medication. He continued to use crutches and a cane to ambulate and was treated by his primary provider with conservative care for his shoulder pain. The provider noted the primary concern was for him see a clinical pain psychologist to try to optimize his condition in consideration for possible trial of a spinal cord stimulator or other implantable therapy to control his pain adequately, and to eliminate the use of ongoing oral medications. He saw a clinical pain psychologist who advised that due to his high anxiety and frustration scores, he was a poor candidate for interventional treatment until his psychological condition can be stabilized. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG Psychotherapy Guidelines are: Initial trial of 6 visits over 6 weeks. With evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). However, when it comes to implantable devices, the intent of the psychological assessment is simply to rule in or rule out whether or not the person is a suitable candidate for an implantable device. In this case, the patient was found not to be a suitable candidate. It is unclear that six sessions of this form of therapy would make the claimant suitable as the degree and magnitude of psychopathology is not evidence. It is unlikely that this would be a complete treatment plan. There is insufficient evidence to say the request should be certified to make the claimant ready for an implantable device. Therefore, this request is not medically necessary.

Biofeedback for 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Biofeedback. Decision based on Non-MTUS Citation ODG, Mental Health and Stress, under Biofeedback.

Decision rationale: This claimant was injured now 4 years ago, with injury to his right elbow and right shoulder due to a slip and fall. The injured worker was diagnosed as having pain disorder; depressive disorder; anxiety disorder. Treatment to date has included physical therapy; medications. There was a June note documenting issues regarding medication. He continues to use crutches and a cane to ambulate and treated by his primary provider with conservative care for his shoulder pain. The provider notes the primary concern is for his has been to get back involved with a clinical pain psychologist to try to optimize his condition in consideration for possible trial of a spinal cord stimulator or other implantable therapy to control his pain adequately and eliminate the use of ongoing oral medications. He saw a clinical pain psychologist who advised that due to his high anxiety and frustration scores, he was a poor candidate for interventional treatment until a psychological condition can be stabilized. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Biofeedback, the MTUS chronic pain guidelines note that it truly is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The ODG biofeedback therapy guidelines note the patient should be screened for risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these 'at risk' patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Biofeedback is considered after psychotherapy. As shared previously, when it comes to implantable devices, the intent of the psychological assessment is simply to rule in or rule out whether or not the person is a suitable candidate for an implantable device. In this case, the patient was found not to be a suitable candidate. It is unclear that six sessions of this form of therapy would make the claimant suitable as the degree and magnitude of psychopathology is not evidence. It is unlikely that this would be a complete treatment plan. There is insufficient evidence to say the request for the biofeedback should be certified to make the claimant ready for an implantable device. Therefore, this request is not medically necessary.