

Case Number:	CM15-0176222		
Date Assigned:	09/17/2015	Date of Injury:	11/07/2014
Decision Date:	10/28/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/08/2015

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, 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:

The injured worker is a 26-year-old male who sustained an industrial injury on 11-7-14. He had complaints of left foot pain. X-ray and MRI showed second metatarsal fracture of left foot. Treatments include: medication, left foot cast for 4 months and physical therapy. Most recent progress report dated 6-5-15 reports continued complaints of left ankle pain and left foot pain. The pain is rated 5 out of 10 and is described as burning, sharp and stabbing with radiation of pain to the left thigh and left leg. The pain is aggravated by prolonged standing and walking and is relieved by medication, rest and sitting. The injured worker reports that the medications are not effective and it is then stated that the with the current medication regimen the pain is adequately managed. Quality of sleep is poor. Upon exam, the left foot range of motion is restricted due to pain. Diagnoses include pain in ankle and foot joint and localized secondary osteoarthritis of lower leg. Plan of care includes: psychological consult approved, he is a great candidate for the functional restorative program, refer for orthopedic consult due to failed conservative treatment. Work status: modified duty not to lift greater than 5 pounds for 4 weeks, limited to squatting occasionally for 4 weeks, restricted completely from kneeling for 4 weeks, limited to standing or walking occasionally for 4 weeks, and restricted from climbing for 4 weeks. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) sessions of Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

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 recommend 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). 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 Twelve (12) sessions of Cognitive Behavioral Therapy exceeds the guideline recommendations for an initial trial and thus is not medically necessary at this time. It is to be noted that the UR physician authorized 4 sessions for an initial trial.

Six (6) sessions of Biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Biofeedback therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: MTUS states "Biofeedback 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. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." The request for Six (6) sessions of Biofeedback is excessive and not medically necessary as it is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program. It is to be noted that the UR physician authorized 4 sessions for an initial trial.

Three (3) psychiatric evaluations: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: ACOEM guidelines page 398 states: "Specialty referral may be necessary when patients have significant psychopathology or serious medical co morbidities." Upon review of the submitted documentation, it is indicated that the injured worker suffers from chronic pain and psychological consequences of chronic pain such as disrupted sleep and mood changes. The request for Three (3) psychiatric evaluations is excessive and not medically necessary. It is to be noted that the UR physician authorized one psychiatric evaluation and the clinical need for further treatment is based on the recommendations of the consulting Psychiatrist.