

Case Number:	CM13-0000884		
Date Assigned:	02/26/2014	Date of Injury:	04/25/2013
Decision Date:	04/11/2014	UR Denial Date:	06/19/2013
Priority:	Standard	Application Received:	06/28/2013

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. The expert reviewer is Board Certified in Psychology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 47 year-old female with a date of injury of 4/25/13. She sustained injuries to her left hip, low back, abdomen, groin, and psyche when an inmate became combative and kicked her in the abdomen while working as a registered nurse for the [REDACTED]. Previous primary treating physician, [REDACTED], diagnosed the claimant with sprain or strain of hip or thigh and left and contusion of thigh, left/strain back, lumbosacral. Current treating physician, [REDACTED], has diagnosed the claimant with: (1) strain of back, lumbosacral; (2) sprain or strain of hip or thigh; and (3) strain of groin. In reference to the claimant's psychological injury, according to [REDACTED] 6/10/13 "Primary Treating Physician's Initial Evaluation" report and his "Psychological Status Reports" dated 8/28/1, 9/30/13, and 11/8/13, the claimant is diagnosed with adjustment disorder with anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

PSYCHOTHERAPY QTY: 6.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation COGNITIVE BEHAVIORAL THERAPY, PAGE 23

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

Decision rationale: Based on the review of the medical records, the claimant received psychological evaluations on 6/4/13 and 6/5/13 and began subsequent psychological services in July 2013. The ODG suggests an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided. Based on this Guideline, the request is medically necessary and appropriate.

BIOFEEDBACK QTY: 6.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

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

Decision rationale: The MTUS Chronic Pain Guidelines suggest that biofeedback is not to be used alone, but in conjunction with psychotherapy. Guidelines suggest an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of 6-10 visits over 5-6 weeks (individual sessions)" may be provided. Based on this guideline, the request for biofeedback is medically necessary and appropriate.

PSYCHOTHERAPY EXTENDED SESSION IN LIEU OF COMBINATION SESSIONS ON OCCASION QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation COGNITIVE BEHAVIORAL THERAPY, PAGE 23

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

Decision rationale: Neither the MTUS Guidelines nor the ODG have guidelines regarding extended psychotherapy sessions. As a result, the Official Disability Guidelines regarding the general use of cognitive behavioral therapy will be used as reference for this case. In the 6/10/13 "Primary Treating Physician's Initial Evaluation" report, there is relevant and pertinent information to substantiate a request for an initial 6 psychotherapy sessions however, there is not enough information to substantiate the request for extended sessions in lieu of combination sessions. Therefore, the request is not medically necessary and appropriate.

CUSTOMIZED COMPACT DISCS X 4 QTY: 4.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PAGE 101, 102

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

Decision rationale: In the 6/10/13 "Primary Treating Physician's Initial Evaluation" report, there is relevant and pertinent information to substantiate a request for an initial 6 psychotherapy sessions however, there is not enough information to substantiate the request for a set of 4 customized compact discs. Therefore, the request for "CUSTOMIZED COMPACT DISCS X 4 QTY: 4.00" is not medically necessary and appropriate.