MAXIMUS Federal Services

Case Number:	CM13-0001539		
Date Assigned:	11/01/2013	Date of Injury:	04/23/2009
Decision Date:	01/13/2014	UR Denial Date:	06/11/2013
Priority:	Standard	Application Received:	07/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry 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 physician 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.

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 63 year old male who was employed by the [redacted] as a duplicator/equipment maintenance worker. The most recent medical progress report noted is 9/30/13. Per that report, the date of injury is 4/23/09. He apparently has suffered from anxiety, depression, alienation, frustration, low self esteem per a comprehensive report completed 5/26/10. Diagnoses given are Depressive Disorder, nos with anxiety (311) and Psychological Factors Affecting Medical Condition (316).References are made to see reports completed in 2009 and 2010. No current clinical data regarding the claimant's symptoms or any current objective clinical findings were noted. A IMR request is being requested for Cognitive Behavioral Therapy (CBT), Biofeedback, and medication management office visits which were non-certified in a prior appeal decision review completed on July 2, 2013. The claimant has been receiving psychological treatment including CBT and medications for over four years. There is no indication as to the number of CBT sessions he has received over the four plus years. There is no data regarding the current use of medications or frequency of office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy 3-4 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25, 101-102.

Decision rationale: There is an absence of current objective clinical findings to support CBT treatment. Also there is a lack of data as to the claimant's response to prior CBT treatments and the number of treatments received and his current clinical condition. As per CA MTUS 9792.20, Medical Treatment Utilization Schedule-Definitions, Page 1 "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." Additional CBT treatments, due to a lack of current objective clinical findings are NOT medically necessary nor certified.

Additional cognitive behavioral therapy at a frequency of no more than once every other week (13 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24-25, 101-102.

Decision rationale: There is an absence of current objective clinical findings to support CBT treatment. Also there is a lack of data as to the claimant's response to prior CBT treatments and the number of treatments received and his current clinical condition i.e. was there a functional improvement. As per CA MTUS 9792.20, Medical Treatment Utilization Schedule-Definitions, Page 1 "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment." Additional CBT treatments, due to a lack of current objective clinical findings are NOT medically necessary nor certified.

4 biofeedback sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Biofeedback..

Decision rationale: There are no current objective clinical findings that indicate claimant's pain or mental status. Also there are no current reports as to the claimant's response to prior psychotherapy and other treatments. ODG Guidelines provide for biofeedback for pain patients in conjunction with physical medicine treatments and after four cognitive motivational sessions. That information is currently lacking and records reviewed indicate claimant has received well over four psychotherapy sessions.This request is non-certified and not medically necessary.

Additional medication management sessions, if indicated, every 2 to 3 months (4 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: There is no indication in the records reviewed as to the current medical/psychiatric status of the claimant. There is an absence of current objective clinical findings to support a severe mental impairment that requires office visits. There is an absence of data to indicate if the claimant is currently on medications and if so what has been his response, and has there been a functional impairment. Is the claimant on medications that requires monitoring every "two to three months?" This request has been determined as not medically necessary and non-certified.