

Case Number:	CM13-0019965		
Date Assigned:	10/11/2013	Date of Injury:	05/23/2012
Decision Date:	01/16/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/04/2013

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 Physical Medicine & Rehabilitation 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. 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 reported an injury on 05/23/2012. The patient is currently diagnosed with depressive disorder and psychological factors affecting the medical condition. The patient was recently seen by [REDACTED] on 07/19/2013. A complete mental status examination was performed at that time. The patient presented as defensive and guarded due to his depression and anxiety. The patient's manner of communication was depressed when revealing that he has become irritable and short tempered. There were post-traumatic reactions of fear, anxiety, intrusive recollections, phobic like aversions, attention and concentration problems, emotional withdrawal, symptoms of depression, sleep disturbance and exaggerated startle response. The patient scored a 10 on the Beck Depression Inventory and an 11 on the Beck Anxiety Inventory indicating mild levels of anxiety and depression. The patient was diagnosed with depressive disorder and psychological factors affecting the medical condition. Future psychological treatment benefits were recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 biofeedback sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

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

Decision rationale: California MTUS Guidelines state Biofeedback is not recommended as a stand alone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. California MTUS utilizes the ODG Biofeedback Therapy Guidelines, which indicate an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. Patients may continue Biofeedback exercises at home. As per the clinical notes submitted, an initial trial of cognitive behavioral psychotherapy has not been considered. In addition, it is recommended as a combined therapy in conjunction with medication. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

2 medication management sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state frequency of followup visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. Official Disability Guidelines state the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgement. It is noted that the patient has been recently issued a prescription for alprazolam, Atarax and temazepam with 1 refill request. The medical necessity for 2 additional medical management sessions has not been established.