

Case Number:	CM13-0026017		
Date Assigned:	11/22/2013	Date of Injury:	04/26/2009
Decision Date:	01/17/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/18/2013

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 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 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 48 year-old female [REDACTED] with a date of injury of 4/26/09. According to medical reports, the claimant sustained injuries to her neck, low back, right leg, and psyche when she slipped and fell in the stock room while working as a beauty department manager for [REDACTED]. She was diagnosed by [REDACTED] on 3/15/13 with (1) Depressive Disorder NOS with anxiety; (2) Psychological factors affecting a medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT (cognitive behavioral therapy) 6 sessions over 45 days: Overturned

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

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, Cognitive Therapy for Depression.

Decision rationale: Based on [REDACTED] report dated 8/13/13, the claimant completed her initial trial of 6 visits and had gained some functional improvements. The Official Disability Guidelines suggest that for the cognitive treatment of depression 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 session)" may be needed. Since the claimant has already completed her initial sessions and demonstrated some functional improvement, the request for "CBT (cognitive

behavioral therapy) 6 sessions over 45 days" abides by the above cited guidelines and is therefore, medically necessary.

Biofeedback 6 sessions over 45 days: Upheld

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

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

Decision rationale: According to [REDACTED] report dated 8/15/13, the claimant completed an initial course of 6 psychotherapy sessions. There is mention of biofeedback, but it is unclear as to how many sessions were completed. The CA MTUS suggests that biofeedback be used for an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be needed. Additionally, "patients may continue biofeedback exercises at home." The number of completed biofeedback session is important to determine whether there is a need for further session. Since this is not known at this time, the request for "Biofeedback 6 sessions over 45 days" is not medically necessary.