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| Case Number: | CM13-0031853 | | |
| Date Assigned: | 12/04/2013 | Date of Injury: | 08/09/2012 |
| Decision Date: | 01/29/2014 | UR Denial Date: | 09/24/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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 licensed 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 44 year-old female (██████████) with a date of injury of 8/9/12. According to medical records, the claimant sustained injuries to her right knee, right hand, back, and right ankle when she tripped and fell while working as a medical assistant in an OB-GYN office. As a result of her medical injury, she has also been experiencing psychological distress and has been diagnosed by ██████████ with (1) Major Depression, single episode; (2) Anxiety Disorder NOS; (3) Sleep Disorder due to a medical condition; and (4) Pain Disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy, 1 every week x 2 months for 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: It is suggested by the CA MTUS that the use of biofeedback be used in conjunction with cognitive behavioral therapy for the treatment of chronic pain. The guidelines suggest that 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, the guidelines state, "patients may continue biofeedback exercises at home". Based on these guidelines, the request for "Biofeedback therapy, 1 every week x 2 months for 8 sessions" exceeds the initial trial of sessions set forth by the CA MTUS and therefore, is not medically necessary.

Group Therapy 1 time per week x 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: The ODG recommends group therapy for the treatment of PTSD. Although the claimant has been diagnosed with depression and anxiety, [REDACTED] presented relevant information demonstrating the need for group therapy. As a result, the request for "Group Therapy 1 time per week x 6 weeks" is medically necessary.

Initial Cognitive Behavioral Therapy-6 Sessions,: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: The Official Disability Guidelines suggests 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 sessions)" may be needed. Based on this guideline, the request for "Initial Cognitive Behavioral Therapy-6 Sessions, 1 time per week every other week" is medically necessary.

Cranial Electrical Stimulation treatment (CES) 4-6 treatments, 1 time per week, every other week x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: There are no treatment guidelines (neither CA MTUS nor ODG) that address the use of cranial electrical stimulation for the treatment of depression. Many insurance

companies view this treatment as experimental. Since the claimant has yet to begin any psychotherapy services, it is suggested that a review of the response from the psychotherapy sessions be completed prior to any initiation of other types of treatment. As a result, the request for "Cranial Electrical Stimulation treatment (CES) 4-6 treatments, 1 time per week, and every other week x 3 months" is not medically necessary

Psycho-Pharmacologic Management Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: The medical records indicate a need for a psychiatric/medication evaluation for the claimant. She has yet to receive one and will likely benefit from medications. As a result, the request for a "Psycho-Pharmacologic Management Evaluation" is medically necessary.

Follow up visits with Psychologist x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: The claimant has been given authorization for an initial trial of cognitive behavioral sessions, which entail follow-up with a psychologist. This request appears redundant and as a result, it not medically necessary.

Alpha Stimulation x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: There are no treatment guidelines (neither CA MTUS nor ODG) that address the use of alpha stimulation for the treatment of depression. Many insurance companies view this treatment as experimental. Since the claimant has yet to begin any psychotherapy services, it is suggested that a review of the response from the psychotherapy sessions be

completed prior to any initiation of other types of treatment. As a result, the request for "alpha stimulation X 8 sessions" is not medically necessary.