

Case Number:	CM13-0033685		
Date Assigned:	12/06/2013	Date of Injury:	03/29/2010
Decision Date:	01/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/10/2013

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. 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 57 year-old female with a date of injury of 3/29/10. The mechanism of injury is unknown; however, it is reported that she sustained an "employment related orthopedic injury and injury to her gastrointestinal system, as well as employment-related stress, with development of reactive psychological symptoms." In his 7/31/13 PR-2 report, [REDACTED] diagnosed the claimant with the following: (1) Major depressive disorder, single episode, moderate; (2) Pain disorder associated with both psychological factors and a general medical condition; and (3) 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:

Weekly Psychotherapy Sessions QTY 20:

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
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 Health and Stress Chapter, Section on Cognitive Therapy for Depression.

Decision rationale: Based on a review of all the medical records, the claimant has received numerous psychological services since her injury on 3/29/10. The reports included in this review

demonstrated services from [REDACTED] from 9/3/12 to 7/31/13. Additionally, in his report dated 9/27/12, [REDACTED] writes, "Since my 5/10/11 evaluation...she has continued to undergo mental health treatment provided by [REDACTED]. Once every three months, she continues to meet with their psychiatrist, [REDACTED], who prescribes her psychotropic medications. As well, she undergoes weekly individual therapy with [REDACTED]." Further in the report as he is reviewing his previous medical evaluation, he writes, "psychiatric treatment was initiated with [REDACTED] in November 2010". It is clear that the claimant has received services above and beyond those recommended by all treatment guidelines. In regards to psychotherapy sessions for the treatment of depression, the Official Disability Guidelines suggest "an initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits (individual sessions)" may be needed. Since the claimant has clearly received an extended amount of sessions beyond those set forth by the ODG, the request for additional Weekly Psychotherapy Sessions per Week, QTY 20.00 is not medically necessary.

Medication (Unspecified Type/Dosage/Quantity): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: The request for "medication (unspecified) remains too vague. Although the use of medications are recommended and can be extremely helpful for the treatment of chronic pain and/or psychological conditions, the request for "medication (unspecified)" does not provide enough information and therefore, is not medically necessary.

Weekly Biofeedback Therapy QTY 20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on a review of all the medical records, the claimant has received numerous psychological services since her injury on 3/29/10. The reports included in this review demonstrated services from [REDACTED] from 9/3/12 to 7/31/13. Additionally, in his report dated 9/27/12, [REDACTED] writes, "Since my 5/10/11 evaluation...she has continued to undergo mental health treatment provided by [REDACTED]. Once every three months, she continues to meet with their psychiatrist, [REDACTED], who prescribes her psychotropic medications. As well, she undergoes weekly individual therapy with [REDACTED]." Further in the report as he is reviewing his previous medical evaluation, he writes, "psychiatric treatment was initiated with [REDACTED] in November 2010". It is clear that the claimant has received services above and beyond those

recommended by all treatment guidelines. It is unclear as to how many of those services involved the use of biofeedback. Despite this lack of information, the request for "weekly biofeedback therapy (Per Week) QTY 20.00" exceeds the recommended total number of sessions set forth by the CA MTUS. The CA MTUS suggests that biofeedback be used in conjunction with psychotherapy and recommend 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. It further states, "patients may continue biofeedback exercises at home". Based on these cited guidelines, the request for weekly biofeedback therapy (Per Week) QTY 20.00 is not medically necessary.

Psychotherapy Telephone Consults (Per Week) QTY 20: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
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 Health and Stress Chapter, Section on Cognitive Therapy for Depression.

Decision rationale: Based on a review of all the medical records, the claimant has received numerous psychological services since her injury on 3/29/10. The reports included in this review demonstrated services from [REDACTED] from 9/3/12 to 7/31/13. Additionally, in his report dated 9/27/12, [REDACTED] writes, "Since my 5/10/11 evaluation...she has continued to undergo mental health treatment provided by [REDACTED]. Once every three months, she continues to meet with their psychiatrist, [REDACTED], who prescribes her psychotropic medications. As well, she undergoes weekly individual therapy with [REDACTED]." Further in the report as he is reviewing his previous medical evaluation, he writes, "psychiatric treatment was initiated with [REDACTED] in November 2010". It is clear that the claimant has received services above and beyond those recommended by all treatment guidelines. It is unclear however, how many of those sessions involved psychotherapy over the phone. In regards to phone psychotherapy sessions for the treatment of depression, the Official Disability Guidelines state, "delivering cognitive behavioral therapy (CBT) by telephone is as effective as delivering it face-to-face in the short term, and telephone therapy is safe and has a higher patient retention rate". The recommendations for number of sessions is the same as face-to-face psychotherapy, which states, "an initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of 13-20 visits (individual sessions)" may be needed. Since the claimant has clearly received an extended amount of sessions beyond those set forth by the ODG, the request for additional Weekly Psychotherapy Telephone Consults (Per Week) Qty 20 is not medically necessary.

Request for Related Psychiatric and Social Services (Unspecified Type/Frequency/Duration): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.
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 The Physician Reviewer was unable to provide guidelines as the request was vague and unclear.

Decision rationale: The request for "Related Psychiatric and Social Services (Unspecified Type/Frequency/Duration)" is vague and it is unclear as to what is actually being requested. There are no treatment guidelines that address "related psychiatric and social services". As a result of the lack of information, the request for related Psychiatric and Social Services (Unspecified Type/Frequency/Duration) is not medically necessary.