

Case Number:	CM13-0033747		
Date Assigned:	12/06/2013	Date of Injury:	01/18/2012
Decision Date:	03/04/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/10/2013

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 physician 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 57 year-old male (██████████) with a date of injury of 1/18/12. According to medical reports, the claimant sustained injury to his back when he was carrying trash cans that weighed over 150 lbs. while working as grounds maintenance for the ██████████. In his "Panel Qualified Medical Evaluation: dated 7/2/13 and his "Supplemental Report to a QME Panel Evaluation" dated 8/6/13, chiropractor, ██████████, provided the following diagnostic impressions: (1) Lumbar strain/sprain; (2) Lumbar disc injury; and (3) Cervical strain/sprain. Additionally, it is reported that the claimant has sustained injury to his psyche as a result of his work-related injury. In the first copy of the "Initial Psychological Evaluation Secondary Treating Physician's Report", conducted and dated on 8/27/13, ██████████ did not offer any psychological diagnosis. There is a separate copy in the records of the same report conducted on 8/27/13, but it is dated 12/27/13 and this report contains diagnostic information. In this report, ██████████ diagnosed the claimant with the following: Depressive Disorder and Pain Disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy: Upheld

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

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

Decision rationale: The CA MTUS guideline regarding the use of biofeedback for the treatment of chronic pain will be used as reference for this case. According to the reports offered for review, the claimant received chiropractic care for his back, but it is unclear as to whether he completed a course of physical therapy. In regards to his psychiatric complaints, the claimant had yet to receive any psychological services since his injury dated 1/18/12. He did complete an initial psychological evaluation on 8/27/13. The CA MTUS recommends the following: Screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks: - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks." Based on the information offered for review, the claimant is likely to benefit from biofeedback. However, the request for biofeedback therapy remains vague and does not indicate how many sessions are being requested and over what duration. As a result, the request for biofeedback therapy is not medically necessary.

Cranial electrical stimulation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation article, "Cranial electrotherapy stimulation for the treatment of depression", found in the National Library of Medicine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mental Health America, "Complementary & Alternative Medicine for Mental Health", (2013) pages 61-71 and Aetna Clinical Policy Bulletins.

Decision rationale: Neither the CA MTUS nor the ODG provide recommendations regarding the use of cranial electrical stimulation (CES). As a result, alternative references are used for this review. One reference is from Mental Health America and the other is a policy from [REDACTED]. Although CES has been used by some providers to treat a number of conditions, the use of CES is not fully supported. Similar to [REDACTED], many insurance companies do not authorize its use and many organizations believe that more research is required into both its short-term and long-term efficacy. As a result, the request for cranial electrical stimulation is not medically necessary.

Initial cognitive behavioral therapy and group therapy: Upheld

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, Mental Illness and Stress Chapter, Group Therapy and Cognitive Therapy for Depression.

Decision rationale: The CA MTUS presents guidelines for group therapy, however, they only relate to a diagnosis of PTSD, which is not applicable in this case. As a result, the guidelines for treating depression from the ODG will be used as reference in this case. The ODG recommends 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 the information offered for review, the claimant will likely benefit from individual psychotherapy sessions since he has yet to receive any services to date. Unfortunately, the request for initial Cognitive-Behavioral Therapy (CBT), Group Therapy remains vague and does not indicate a specific number of sessions nor a duration for those sessions. As a result, the request for initial cognitive-behavioral therapy (CBT), group therapy is not medically necessary.

four office visits every six to eight weeks over six months: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter, Office Visits.

Decision rationale: The CA MTUS does not address the need for office visits. As a result, the ODG will be used as reference for this case. The ODG states that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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 judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. Although the request for a follow-up office visit appears appropriate, the request for four Office Visits at this (provider) practice per six to eight weeks over course of six months appears excessive. The guidelines indicate that further visits need to be medically determined by an assessment of the claimant's concerns, signs and symptoms, and stability. This should be completed periodically and a period of 6 months is not adequate. As a result, the request for four Office Visits at this (provider) practice per six to eight weeks over course of six months is not medically necessary.

psychopharmacologic management referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress Chapter, Office Visits.

Decision rationale: The CA MTUS does not specifically address psychopharmacologic management referrals therefore, the ODG recommendations for office visits will be used. Based on the review of the medical reports, the claimant is experiencing symptoms of depression. Although he has yet to begin any psychological services, a psychotropic medication referral appears appropriate in order to assess whether the claimant can benefit from psychotropic medication and to provide recommendations for further treatment. As a result, the request for a psychopharmacologic management referral is medically necessary.