

Case Number:	CM13-0041718		
Date Assigned:	12/20/2013	Date of Injury:	03/26/2013
Decision Date:	04/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/30/2013

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 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 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 42 year-old male with a date of injury of 3/26/13. The claimant sustained internal injuries when he experienced increase stress, high blood pressure, and an increase in blood sugar due to a supervisor yelling at him in front of customers, employees, and doctors while working for [REDACTED]. It is reported that he suffered two heart attacks. In his "Primary Treating Physician's Progress Report and Review of Medical Records" dated 7/24/13, [REDACTED] diagnosed the claimant with uncontrolled diabetes mellitus type-2, uncontrolled hypertension, multiple mood disorders/psychological factors, morbid obesity, probable sleep apnea, left-sided weakness neuropathy with abnormal cranial nerve testing, new onset of tongue biting, hypertriglyceridemia, chronic pain disorder, probable fibromyalgia, history of abnormal PET and CT scans with possible lymphoma, hypogonadotropic hypogonadism; and Vitamin D deficiency. It is also reported that the claimant sustained injury to his psyche as a result of the work-related incident. There were no psychological medical records included for review however, according to the authorization letters, the claimant is diagnosed by [REDACTED] with pain disorder, depressive disorder NOS, anxiety disorder NOS, R/O sleep disorder due to a medical condition, cognitive disorder NOS and sexual dysfunction. It is the claimant's mental health issues and diagnoses that are most relevant to this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) FOLLOW UP VISITS.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS does not address the use of follow-up visits therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. The request for four (4) follow-up visits remains vague and is not specific as to the type of follow-up being requested and over what duration. There are no psychological records included in this review therefore, it is unknown as to the psychological services already completed. It is noted within the supplied medical records and documentation that an initial psychological evaluation was completed on 6/10/13 and a reevaluation was completed in July 2013. The claimant was authorized for an initial 6 psychotherapy sessions however, it is unclear whether they were completed. The request for four (4) follow-up visits is not medically necessary.

FOUR TO SIX (4-6) BIOFEEDBACK SESSIONS.: Upheld

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

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

Decision rationale: The California MTUS guideline regarding the use of biofeedback for the treatment of chronic pain will be used as reference in this case. There are no psychological records included in this review therefore, it is unknown as to the exact psychological services already completed. It is noted within the supplied medical records and documentation that an initial psychological evaluation was completed on 6/10/13 and a reevaluation was completed in July 2013. The claimant was authorized for an initial 6 psychotherapy sessions however, it is unclear whether they were completed. Without sufficient information, the need for further services cannot be determined. As a result, the request for four to six (4-6) biofeedback sessions is not medically necessary.

FOUR TO SIX (4-6) ALPHA STIMULATION TREATMENT SESSIONS.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: Mental Health America - "Complimentary and Alternative Medicine for Mental Health, pages 61-71.

Decision rationale: Neither the California MTUS nor the ODG address the use of CES or Alpha Stim treatment therefore, alternative references from Mental Health America and Aetna

will be used as references for this case. There are no psychological records included in this review therefore, it is unknown as to the exact psychological services already completed. It is noted within the supplied medical records and documentation that an initial psychological evaluation was completed on 6/10/13 and a reevaluation was completed in July 2013. The claimant was authorized for an initial 6 psychotherapy sessions however, it is unclear whether they were completed. Without sufficient information, the need for further services cannot be determined. Additionally, the use of CES or alpha stim is not supported within the guidelines. As a result, the request for four to six (4-6) alpha stimulation sessions is not medically necessary.

PSYCHOLOGICAL TESTING ; BDI (BECK DEPRESSION INVENTORY), BAI (BECK ANXIETY INVENTORY), PCS, ADL (ACTIVITY DAILY LIVING)

QUESTIONNAIRE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Psychological Evaluations Section. Page(s): 100-.

Decision rationale: The California MTUS guideline regarding the use of psychological evaluations will be used as reference in this case. There are no psychological records included in this review therefore, it is unknown as to the exact psychological services already completed. It is noted within the supplied medical records and documentation that an initial psychological evaluation was completed on 6/10/13 and a reevaluation was completed in July 2013. The claimant was authorized for an initial 6 psychotherapy sessions however, it is unclear whether they were completed. Without sufficient information, the need for further services cannot be determined. Additionally, the use of psychological testing is optional and typically part of ongoing services as a way to measure effectiveness and progress. The claimant already received a thorough psychological evaluation. The need for further testing is not indicated. As a result, the request for psychological testing; BDI (beck depression inventory), BAI (beck anxiety inventory), PCS, ADL (activity daily living) questionnaire is not medically necessary.