MAXIMUS Federal Services

Case Number:	CM13-0043354		
Date Assigned:	06/11/2014	Date of Injury:	07/25/2012
Decision Date:	11/13/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/13/2013

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 a licensed Psychologist, 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 64 year-old female [redacted] with a date of injury of 7/25/12. The claimant sustained injury to her psyche as a result of stress she experienced related to workplace harassment and wrongful termination while working as a youth mentor for [redacted]. In the Initial Psychological Evaluation dated 9/3/13 and subsequent PR-2 report dated 10/29/13, [redacted] diagnosed the claimant with: (1) Major depression, single-episode, moderate; and (2) Anxiety disorder, NOS. The claimant has been treated with individual psychotherapy and biofeedback services.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 OFFICE VISITS WITH A PSYCHOLOGIST: 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 Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the use of office visits therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this

case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [redacted] on 9/3/13 and began follow-up psychotherapy and biofeedback sessions with [redacted]. It appears, based on the submitted progress notes, that the claimant completed a total of 4 sessions between 10/21/13 and 1/27/14. The request under review is from September 2013, following the initial evaluation and prior to the start of services. The ODG indicates 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." Utilizing this guideline, the request for 4 future office visits appears premature as the need for an additional office visit should be reassessed with each visit. As a result, the request for "4 Office Visits with A Psychologist" is not medically necessary.

CRAINAL ELECTICAL STIMULATION THERAPY (EST) FOR 6 SESSIONS: 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 Mental Health America - "Complemetary & Alternative Medicine for Mental Health, 2013 (pages 61-71)

Decision rationale: Neither the CA MTUS nor the ODG offer guidelines for the use of CES. Therefore other guidelines are being used. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [redacted] on 9/3/13 and began follow-up psychotherapy and biofeedback sessions with [redacted]. It appears, based on the submitted progress notes, that the claimant completed a total of 4 sessions between 10/21/13 and 1/27/14. The request under review is from September 2013, following the initial evaluation and prior to the start of services. Although the use of CES may be useful at some point, it is recommended that it be used when other treatments are ineffective or have been poorly tolerated. Additionally, CES treatments are not covered by much insurance such as Aetna. Since the claimant had yet to begin therapy, the request for "Cranial Electrical Stimulation Therapy (Est.) For 6 Sessions" is not medically necessary.

INITIAL CONGNITIVE BEHAVORAL THERAPY (CBT) FOR 6 SESSIONS: Overturned

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 Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case.Based on the review of the medical records, the claimant completed an initial psychological evaluation with [redacted] on 9/3/13 and began follow-up psychotherapy and biofeedback sessions with [redacted]. It appears, based on the submitted progress notes, that the claimant completed a total of 4 sessions between 10/21/13 and 1/27/14. The request under review is from September 2013, following the initial evaluation and prior to the start of services. The ODG recommends an "initial trial of 6 visits over 6 weeks" in order to treat depression. Given this guideline, the request for "Initial Cognitive Behavioral Therapy (CBT) For 6 Sessions" is appropriate and medically necessary.

BIOFEEDBACK THERAPY FOR 6 SESSIONS: Upheld

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

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 will be used as reference for this case. Based on the review of the medical records, the claimant completed an initial psychological evaluation with [redacted] on 9/3/13 and began follow-up psychotherapy and biofeedback sessions with [redacted]. It appears, based on the submitted progress notes, that the claimant completed a total of 4 sessions between 10/21/13 and 1/27/14. The request under review is from September 2013, following the initial evaluation and prior to the start of services. The CA MTUS discusses the use of biofeedback for chronic pain and recommends an "initial trial of 3-4 visits over 2 weeks." Given this guideline, request for 6 sessions exceeds the guideline. As a result, the request for "Biofeedback Therapy for 6 Sessions" is not medically necessary.