

Case Number:	CM13-0045849		
Date Assigned:	12/27/2013	Date of Injury:	06/18/2012
Decision Date:	04/14/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/24/2013

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 Clinical Psychology, has a subspecialty in Health Psychology and pain management 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:

According to the medical records provided for this independent review, this patient is a 43 year old male who reported a work-related injury on June 18th 2012. According to the patient, the injury occurred while he was in the course of his normal work duties in the meat department for [REDACTED], which he described as very heavy work. He was lifting and bending over to carry steel frame that weighed approximately 25-30 pounds when he felt terrible pain which he said affects his entire right side of his body he describes the pain as sharp, stabbing, and aching. The pain in his right knee and back are particularly problematic. He reports needing some for bathing, dressing, home duties and childcare. Depressive symptoms include feelings of sadness and fatigue apathy a sense of hopelessness, lack of motivation, and loss of interest in sex with crying episodes but no suicidal ideation. He reportedly feels desperate much of the time and depressed. There is also a sense of dread and doom and other anxiety based symptoms. He has been diagnosed with Depressive Disorder and Anxiety Disorder, NOS (Not Otherwise Specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part two, Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: The medical file that was submitted for this independent medical review consisted of a 2960 page set of documents. A request for 3 separate treatment modalities was made, including: "an unspecified/unknown number of cognitive-behavioral psychotherapy sessions between March 1st 2013 and December 31st 2013; one (1) psycho-educational group protocol between March 1st 2013 and April 29th 2013 and 8 to 12 biofeedback training sessions to be held between March 1st 2013 and April 29th 2013." It appears that the request unknown number of cognitive behavioral psychotherapy sessions was modified to a certification of 3 cognitive-behavioral psychotherapy treatment sessions. Requests for psychotherapy must follow the MTUS or Official Disability treatment guidelines. In addition, because the request does not specify an actual number of sessions being ask for and rather provided a 9 month time frame, it could reflect any number of sessions. In addition, it does not appear that the proper procedures have been met. If the patient attended the initial set of 3-4 sessions provisioned for by the modification, a statement that reflects what, if any, objective functional improvements were derived from the treatment must be provided along with the request for additional sessions. Any future requests should bear in mind that 10 sessions is the total maximum and he would have had 3 already, could potentially be approved if adequate documentation of functional improvements were made based on the initial 3-4 sessions. As it is written, the request for cognitive behavioral psychotherapy treatments are not medically necessary and appropriate.

ONE (1) PSYCHO EDUCATIONAL GROUP PROTOCOL BETWEEN 3/1/2013 AND 4/29/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter On Mental & Stress, Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHAPTER ON MENTAL /STRESS- TOPIC GROUP THERAPY.

Decision rationale: According to the Official disability guidelines group therapy is a reccommned treatment modality for patients suffering from depression and post tramatic stress disorder (PTSD). As this patient does not have PTSD this treatment modality would not be indicted and also reflects a duplication of services as he should be entering a course of cognitive behavioral treatments (see above). Therefore, the request of one (1) psycho educational group protocol between 3/1/2013 and 4/29/2013 is not medically necessary and appropriate.

EIGHT (8) TO TWELVE (12) BIOFEEDBACK TRAINING SESSIONS BETWEEN 3/1/2013 AND 4/29/2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, Cognitive Behavioral Therapy Page(s): 24-25.

Decision rationale: Biofeedback can be recommended as an option as part of the CBT (Cognitive Behavioral Therapy) (see above) but is not a stand alone treatment. This means that the biofeedback techniques are to be used during part of the CBT treatment and not independently from it. An initial block of 3 CBT were approved as part of a modification of the unknown number of sessions requested and assuming that additional sessions are needed and documented by the report of his functional improvements can be incorporated into any of initial sessions or the additional 7 session if they are medically necessary. Therefore, Eight (8) to twelve (12) biofeedback training sessions are not medically necessary and appropriate.