

Case Number:	CM13-0046701		
Date Assigned:	12/27/2013	Date of Injury:	05/19/2008
Decision Date:	02/27/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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 58 year-old female (██████████) with a date of injury of 5/19/08. According to reports, the claimant sustained injury to her back and psyche while working for ██████████. She has received medical treatments including medication, physical therapy, injections, and acupuncture. She has also received psychological and psychiatric services. In her "Panel QME Psychiatric Re-Evaluation Report" dated 9/25/13, ██████████ diagnosed the claimant with the following psychiatric conditions: (1) Malingering; (2) Major depression, single episode, moderate, in partial remission on medication; (3) Anxiety disorder not otherwise specified; (4) Psychological factors affecting medical condition; (5) Pain disorder with both psychological factors and a general medical condition; (6) Insomnia related to Axis I diagnosis; and (7) Insomnia related to orthopedic pain. On the 12/11/13 RFA completed by ██████████, the claimant has a diagnosis of depressive disorder not otherwise specified and psychological factors affecting medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, cognitive behavioral sessions QTY 13: Overturned

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 Illness and Stress Chapter.

Decision rationale: According to [REDACTED] "Treating Physician's Follow-up Evaluation and Report" dated 12/11/13, the claimant completed the initially authorized 6 sessions of psychotherapy with [REDACTED] and demonstrated some improvement. 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. [REDACTED] presented useful and appropriate information regarding progress, yet also demonstrated the need for further services. The request for an additional 13 CBT sessions falls within the recommended number of total sessions recommended by the ODG. As a result, the request for "Psychotherapy, cognitive behavioral sessions QTY 13" is medically necessary.

Biofeedback, 3 sessions for 3 months as needed QTY 9: 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 Biofeedback. Page(s): 24-25.

Decision rationale: According to medical reports, the claimant has received biofeedback sessions with biofeedback therapist, [REDACTED]. According to [REDACTED] "Treating Physician's Follow-up Evaluation and Report" dated 12/11/13, the claimant completed the initially authorized 3 biofeedback sessions. The CA MTUS cites the ODG and recommends 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 necessary. The request for 9 additional biofeedback sessions over a 3 month period both exceeds the total number of sessions and the suggested duration of time as recommended by the ODG. As a result, the request for "Biofeedback, 3 sessions for 3 months as needed QTY 9" is not medically necessary.