

Case Number:	CM13-0052982		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2012
Decision Date:	05/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 44-year-old female who reported injury on 08/09/2012. Per the documentation of 08/27/2013 in the form of an initial psychological evaluation request for treatment, the mechanism of injury was a trip and fall. The injured worker reported feelings of sadness, fatigue, low self-esteem, apathy, a sense of hopelessness, a loss of pleasure in participating in usual activities, social avoidance, a lack of motivation, loss of interest in sex, sleep disturbance, appetite changes, feelings of emptiness, crying episodes, and denied suicidal ideation and contracted for safety. The documentation indicated the injured worker's Beck Depression Inventory was 48, Beck Anxiety Inventory was 31, and the pain catastrophic scale was 41. The injured worker was authorized for 6 sessions of cognitive behavioral therapy. The documentation of 10/23/2013 revealed a decrease in the BDI score by 3 points, a decrease in the BAI score by 10 points, and a decrease in the pain catastrophic scale by 2 points. The request was made for biofeedback, psycho-educational group therapy, psychopharmacological management referral and treat as necessary, 6 sessions of cognitive behavioral therapy, 4 follow-up office visits, and a psychological consultation. The diagnoses included major depression, anxiety disorder NOS, sleep disorder due to a medical condition, pain disorder, and a global assessment of functioning of 57.

IMR ISSUES, DECISIONS AND RATIONALES

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

4-6 TREATMENTS OF BIOFEEDBACK, 1 EVERY WEEK OR TWO WEEKS FOR TWO MONTHS: 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: California MTUS Guidelines indicate that biofeedback is not recommended as a standalone treatment but recommended as an option in cognitive behavioral therapy. Additionally, there should be a consideration for biofeedback referral in conjunction with cognitive behavioral therapy after 4 weeks. It is initially recommended for a 3-4 session trial. The clinical documentation indicated that the request for biofeedback was made as the injured worker had continued psychological symptoms that respond well to biofeedback. The submitted request was for 4-6 sessions and more than 4 sessions would be excessive without documented objective gains. Given the above, the request for 4-6 treatments of biofeedback, 1 every week or two weeks for two months is not medically necessary.

PSYCHOEDUCATIONAL 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 (ODG), MENTAL ILLNESS & STRESS CHAPTER, GROUP THERAPY

Decision rationale: Official Disability Guidelines recommend group therapy as an option to provide a supportive environment in which patients with post-traumatic stress disorder may participate in therapy with other PTSD patients. The clinical documentation submitted for review failed to indicate the injured worker had PTSD. The request as submitted failed to indicate the number of sessions being requested. It failed to provide documentation of exceptional circumstances to warrant non-adherence to guideline recommendations. Given the above, the request for psycho-educational group therapy is not medically necessary.

PSYCHO-PHARMACOLOGICAL MANAGEMENT REFERRAL AND TREAT AS NECESSARY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: California MTUS Guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety, or irritability. The clinical documentation submitted for review indicated the injured worker was authorized for a psychopharmacologic evaluation. There

was a lack of documentation indicating the results of that evaluation. The clinical documentation submitted for review could not support treatment without the evaluation. The request as submitted failed to indicate the quantity of sessions and type of treatment being requested. Given the above, the request for psycho-pharmacological management referral and treat as necessary is not medically necessary.

6 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY, 1 TIME PER WEEK OR TWO WEEKS FOR TWO MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Cognitive Behavioral Therapy for Mental Illness

Decision rationale: California MTUS Guidelines recommend cognitive behavioral therapy for patients with chronic pain. However, as it was indicated the injured worker had depression, secondary guidelines were sought. Official Disability Guidelines indicate that cognitive behavioral therapy for depression recommendations are for up to 13 visits to 20 visits in individual sessions if progress is being made. The clinical documentation submitted for review indicated the injured worker was making progress in cognitive behavioral therapy per the BAI, BDI and Pain Catastrophizing Scale. However, there was a lack of documentation of objective functional benefit. As such, the request for cognitive behavioral therapy, six (6) sessions, one (1) time per week or two (2) weeks for two (2) months is not medically necessary.

4 FOLLOW-UP OFFICE VISITS, ONE EVERY 8 WEEKS FOR 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

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 & STRESS CHAPTER, OFFICE VISITS

Decision rationale: Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patients' conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. There was lack of documentation indicating the necessity for an office visit every 8 weeks for 6 months. There was a lack of documentation indicating what type of office visit was being requested. Given the above, the request for 4 follow-up office visits, one every 8 weeks for 6 months is not medically necessary.

PSYCHOLOGICAL CONSULTATION: 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 Ongoing Management Page(s): 78.

Decision rationale: California MTUS Guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety, or irritability. The clinical documentation submitted for review indicated the injured worker underwent a psychological consultation. There was a lack of documentation indicating the necessity for a second consultation. Given the above, the request for psychological consultation is not medically necessary.