

Case Number:	CM13-0060087		
Date Assigned:	12/30/2013	Date of Injury:	06/20/2013
Decision Date:	10/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	12/03/2013

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 Psychiatry, 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:

Injured worker is a 44 year old female with date of injury 06/20/2013. Date of the UR decision was 10/31/2013. The mechanism of injury was described as cumulative trauma causing headache, insomnia, poor concentration, back spasm, loss of appetite, anxiety, and stress due to perceived harassment. Report dated 10/23/2013 listed diagnosis of Depressive Disorder Not Otherwise Specified; Anxiety Disorder Not Otherwise Specified and Psychological Factors Affecting Medical Condition (stress intensified headache, hair loss, neck/shoulder/back muscle tension/pain, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping and constipation). Per the report, she exhibited abnormal behavior with visible anxiety and depressive facial expressions when describing the stress at work. It was suggested that the injured worker developed depressive and anxious emotional and psychophysiological symptoms reactive to experiences of stress arising from disturbing events at work. Documentation suggests that MMPI revealed an invalid profile with possible malingering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 (ODG) <Stress and Mental illness chapter; Insomnia treatment

Decision rationale: The submitted documentation does not suggest any reason for which a sleep study might be indicated in this case. Primary sleep disorders and depression in all insomnia evaluations as causes of sleep problems must be excluded first. Sleep apnea = apnea 10 secs. and 5x per hour. Indications for sleep studies: Polysomnography is used to diagnose, or rule out, many types of sleep disorders including narcolepsy, idiopathic hypersomnia, periodic limb movement disorder (PLMD), REM behavior disorder, parasomnias, and sleep apnea. Although it is not directly useful in diagnosing circadian rhythm sleep disorders, it may be used to rule out other sleep disorders. Polysomnography should not be routinely used to screen for sleep disorders in workers who complain of insomnia or fatigue. The request a sleep study is not medically necessary

SIX COGNITIVE BEHAVIORAL PSYCHOTHERAPY SESSIONS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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 ODG) <Stress and Mental illness chapter, <Cognitive therapy for depression

Decision rationale: ODG Psychotherapy Guidelines recommend: "initial trial of 6 sessions Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)- In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." The injured worker could benefit from an initial trial of CBT for depression. Thus, a request for 6 sessions of CBT is medically necessary.

SIX BIO-FEEDBACK SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines; Biofeedback,.

Decision rationale: MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into

a CBT treatment program, where there is strong evidence of success. A request for 6 sessions of Biofeedback training is not medically necessary.