

Case Number:	CM13-0061950		
Date Assigned:	12/30/2013	Date of Injury:	10/17/2003
Decision Date:	06/19/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/05/2013

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 Psychology, has a subspecialty in Neurology, and is licensed to practice in Texas. 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 patient is a 57 year old female whose date of injury is 10/17/03. The patient is noted to be status post bilateral knee arthroscopies. Progress notes dated 8/16/12, 12/31/12, 2/19/13, 4/8/13, 7/29/13, and 9/23/13 indicate that the patient's psychiatric condition has progressed to the point that the provision of antipsychotic medication has become mandatory. She has developed emotional extremes of anxiety and depression. The diagnosis is depressive disorder (not otherwise specified) with anxiety. A special report dated 5/29/13 indicates that the patient has been treated with cognitive behavioral therapy and biofeedback. The patient reports improvement in depressive and anxiety symptoms. There have been fewer nightmares. A medication management report dated 7/12/13 indicates that medications include Buspar, Estazolam, Seroquel, Wellbutrin, and Xanax. An agreed medical re-examination dated 10/24/13 indicates that the patient has been treating with a psychiatrist since around February 2004. Most recently she has been attending group therapy on a once a month frequency. She also received biofeedback treatments and found these to be helpful. She claims that the group therapy sessions help her to cope, but the report states that it sounds like her coping skills remain pretty much the same. MMPI was invalid because of extreme response set. Beck Depression Index is 31 and Beck Anxiety Inventory is 34. Diagnoses include pain disorder associated with both psychological factors and a general medical condition versus symptom magnification, and chronic, mild major depressive disorder. Psychological test results dated 10/24/13 indicate that the clinical presentation suggests depression, but overall test findings are consistent with poor motivation and a tendency to exaggerate symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

13 COGNITIVE BEHAVIOR PSYCHOTHERAPY SESSIONS WITH 4 BIOFEEDBACK 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 Behavioral Interventions, Biofeedback Page(s): 23, 24-25.

Decision rationale: The patient has undergone extensive psychological treatment, include cognitive behavioral therapy, group therapy and biofeedback. There is insufficient documentation of significant improvement as a result of this treatment to establish efficacy of treatment and support ongoing treatment. The California MTUS guidelines would support up to 10 visits of cognitive behavioral therapy and biofeedback, and there is no clear rationale provided to support continuing to exceed this recommendation. As such, the request is not medically necessary.