

Case Number:	CM13-0067744		
Date Assigned:	01/03/2014	Date of Injury:	03/31/2009
Decision Date:	05/20/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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 licensed 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 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 59-year-old female who suffered a work-related injury on 2/13/09 when she fell down while sitting at her chair, injuring her right elbow, wrist, and shoulder. She also suffered continuous trauma at work between September 8, 1981 through March 31, 2009 due to a reported stressful work environment, causing her to develop physical symptoms, depression, hopelessness, and anxiety. Around March 27, 2009, her physician took her off of work. She remained significantly psychiatrically symptomatic, despite being off work and believed her employer was monitoring her and watching her and using her home computer. She was noted to be experiencing suicidal ideation without plan or intent, depression, anxiety, having thoughts of revenge against her coworkers without plan or intent, and difficulty sleeping. She was noted to be irritable and easily angered, has explosive episodes two to three times per month, is withdrawn, reports feeling hopeless, sees people who she believes are watching her, has a reduced libido, and hears the sound of blades grinding in her head and her name being called. She received scores on the Beck inventories suggesting an extreme level of depression and severe anxiety. On the On 10/1/13, she was diagnosed with major depressive disorder, single episode, moderate 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:

INDIVIDUAL PSYCHOTHERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The patient appears to be experiencing ongoing depression and anxiety as a consequence of her work-related injuries and appears to require some psychotherapeutic intervention; however, the number of psychotherapy sessions is not indicated, and as such, cannot be authorized as medically necessary.

20 SESSIONS OF GROUP PSYCHOTHERAPY: Upheld

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

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

Decision rationale: The patient reportedly completed 34 group psychotherapy sessions in 2013 and was in individual and group therapy treatment for a year. The patient appears to require some form of psychotherapeutic intervention for depression and anxiety; however, there is no evidence of objective functional improvement from the provided psychotherapy interventions. Throughout the documentation provided for review, no objective changes in the patient's condition. Therefore, further sessions cannot be found as medically necessary.

10 SESSIONS OF BIOFEEDBACK TRAINING: 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.

Decision rationale: The MTUS guidelines recommend a trial of biofeedback therapy of 3-4 sessions with more sessions to be done after evidence of functional improvement. There is no evidence the patient attended any biofeedback sessions and the request for 10 sessions exceeds the recommended initial trial of 3-4 sessions. Therefore, the request is not medically necessary.