

Case Number:	CM14-0000124		
Date Assigned:	01/10/2014	Date of Injury:	10/02/2006
Decision Date:	04/07/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/31/2013

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 Psychologist 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 patient is a 56-year-old female who sustained a work-related injury on 10/2/2006. While attempting to sit in a chair, it rolled away and she fell to the ground, landing on her tailbone and back in a seated position. As the patient turned around on her knees and braced herself to stand, she experienced a sharp pain in the right knee. She continued to experience knee pain with associated locking and buckling of her knee. The patient received a total knee replacement on 5/6/08 and received a second knee replacement on 11/26/12. As a result of the persistent pain and disability and experiences of stress in the workplace as a result of a reportedly hostile environment and an overload of work, the patient developed symptoms including depression, anxiety, irritability, insomnia and deficits in her attention, memory, and concentration. She was diagnosed with Depressive Disorder NOS with anxiety, agoraphobia elements and suicidal ideations, and psychological factor affecting medical condition (stress-intensified headache, hair loss, dermatological reaction, neck/shoulder/back muscle tension, nausea, vomiting, shortness of breath, chest pain, palpitations, abdominal pain/cramping, alternating constipation/diarrhea and possible stress-aggravated high blood pressure and rheumatoid arthritis), and given a GAF of 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback, 6 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 24-25.

Decision rationale: From the available medical records, it appears the patient continues to suffer despite a history of mental health treatment. She was reportedly actively suicidal in November 2013 and had put a gun to her head in June 2013. It seems reasonable to recommend 6 biofeedback sessions concurrent with cognitive behavioral psychotherapy sessions for someone who continues to exhibit rather severe symptomatology.

Cognitive Behavioral Psychotherapy, 6 visits: Overturned

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

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

Decision rationale: On 5/23/2013, it was noted the patient has received individual and group psychotherapy from two different providers, [REDACTED] though there is no indication as to the number of sessions provided. It was also stated that despite the treatment provided thus far, the patient continues to experience a wide variety of symptoms, including disruption in daytime awareness, post-traumatic flashback. These disturbances were noted to interfere with her activities of daily living. There have also been reactions of fear of intense enough to evoke startle and flinch reactions. She wakes up at night with images of the cold sweats, anxiety, fear, and nightmares of killing of being killed and being followed by a host or demons. She is unable to drive long distances, or sit, stand, or walk for more than short periods. She is unable to perform many normal household activities without assistance. It is also reported that despite the passage of time and treatment, there has been the persistence of significant emotional complications, including being distraught by her injuries from the accident. It was also noted that any further improvement of symptoms would now be expected to occur, if at all, at a slower rate over a more prolonged period of time. The patient was found to be permanent and stationary, psychologically. In a request for authorization letter dated June 5, 2013, it is reported that the therapy resulted in a reduction in depressive symptoms and decreased cognition. The patient has become less irritable, impatient and short-tempered with a reduction in her anxiety and in her inability to relax, uneasiness and jumpiness. There are fewer incidence of shortness of breath and feelings that reality is not real. Her sleep disturbance has improved. Despite the improvement she remains symptomatic with depression, panic, damaged self-esteem, social withdrawal, and stress-intensified low back tension/pain and chest pain. In a report dated 11/16/2013, it was noted the patient had depression, anxiety, active suicidal ideation, and had put a gun to her head in June 2013. In a report dated 11/21/2013, it was noted that since treatment was discontinued in 2010 the patient's depression had worsened with suicidal thoughts. She reportedly suffered a panic attack on the way to work sometime in 9/2013. From the available medical records, it appears the patient continues to suffer despite a history of mental health treatment. She was reportedly actively suicidal in November 2013 and had put a gun to her head

in June 2013. It seems reasonable to recommend 6 cognitive behavioral psychotherapy sessions for someone who continues to exhibit rather severe symptomatology.