MAXIMUS Federal Services

Case Number:	CM14-0008143		
Date Assigned:	05/30/2014	Date of Injury:	07/25/2001
Decision Date:	07/31/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 injured worker is a 73-year-old male who reported a slip and fall on 07/25/2001. In the clinical notes dated 01/22/2014, the injured worker complained of right elbow, hand, and arm pain and left hip and knee pain. It was annotated that the injured worker had increased fatigue and that he was having Botox for headaches. It was also noted that the injured worker had difficulty sleeping and insomnia. Prior treatments included physical therapy and prescribed medications. The injured worker's prescribed medications included Avalide, Norvasc, Verelan PM, atenolol, Cardura, Cialis, Lipitor, Zetia, Flomax, Niaspan, and Nexium. There was also documentation of other medications to include Voltaren, Wellbutrin XL, Lunesta, Lyrica, and Ultram. The physical examination revealed a decrease in visual field in left eye, decreased range of motion with pain on the left hip, left heel, with decrease of pinprick, light touch, and left foot tenderness to palpation. The physical examination of the right elbow revealed decreased range of motion with tenderness to palpation. It was also noted that the injured worker had low testosterone and was using CPAP. The diagnoses included status post slip and fall injuring head, left side of body, and right hand; left radial head fracture, and bilateral thoracic outlet syndrome. The treatment plan included a request for endocrinology for low testosterone, continuation of home automatic CPAP machine, CPAP supplies, a request for [redacted] Health Club membership to include aqua treatment and 5 years of physical training sessions, neuro-psyche, follow-up for hypertension, follow-up for psychotherapy and biofeedback, followup for Botox and Singulair treatment, follow-up right elbow surgery, VEP, hematology evaluation for anemia, TOS physical therapy, and medication refills of Voltaren gel, Wellbutrin XL, Lyrica, and tramadol. The request for authorization for follow-up for psychotherapy and follow-up biofeedback was submitted on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP PSYCHOTHERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Office Visits.

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

Decision rationale: The request for follow-up psychotherapy is not medically necessary. The California MTUS/ACOEM Guidelines state that follow-up visits may be determined by the severity of symptoms, whether the injured worker was referred for further testing and/or psychotherapy, and whether the injured worker is missing work. These visits allow the physician and injured worker to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to enforce the injured worker's supports and positive coping mechanisms. In the clinical notes provided for review, there is a lack of documentation for the rationale for the request of follow-up psychotherapy. There is also lack of documentation of the injured worker's previous psychotherapy sessions and their efficacy. Furthermore, there is a lack of documentation of the severity of symptoms. Therefore, the request for follow-up psychotherapy is not medically necessary.

FOLLOW-UP BIOFEEDBACK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Office Visits.

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

Decision rationale: The request for follow-up biofeedback is not medically necessary. The California MTUS/ACOEM Guidelines state that follow-up visits may be determined by the severity of symptoms, whether the injured worker was referred for further testing and/or psychotherapy, and whether the injured worker is missing work. These visits allow the physician and injured worker to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to enforce the injured worker's supports and positive coping mechanisms. In the clinical notes provided for review, there is a lack of documentation for the rationale for the request of follow-up psychotherapy. There is also lack of documentation of the injured worker's previous psychotherapy sessions and their efficacy. Furthermore, there is a lack of documentation of the severity of symptoms. Therefore, the request for follow-up biofeedback is not medically necessary.