MAXIMUS Federal Services

Case Number:	CM14-0105734		
Date Assigned:	07/11/2014	Date of Injury:	12/05/2010
Decision Date:	08/12/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 claimant is a 50 year-old female with a date of injury of 12/5/10. The claimant sustained a hernia injury while working for [redacted]. The requests under review are for retrospective services. Around the time of the requests, 8/31/11, [redacted] had diagnosed the claimant with: (1) Herniated lumbar disk with radiculopathy; (2) Tronchanteris bursitis, right hip; (3) Tronchanteris bursitis, left hip; (4) Status post umbilical hernia repair times 3 with open incision area, prescribed by General Surgeon; (5) Symptoms of anxiety and depression; and (6) Symptoms of intermittent insomnia. The claimant also completed a psychological evaluation with [redacted] on 8/11/11 and was diagnosed with: (1) Depressive disorder, NOS; (2) Anxiety disorder, NOS; (3) Insomnia related to Axis I; and (4) Pain disorder associated with both psychological factors and a general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapies, psycophysiological therapies to address stress and pain such as biofeedback therapy and progressive muscle relaxation (8/11/11): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, section on Behavioral interventions page 23.

Decision rationale: Based on the review of the medical records, the claimant completed a psychological evaluation on 8/11/11. The request for cognitive behavioral therapies, psycophysiological therapies to address stress and pain such as biofeedback therapy and progressive muscle relaxation (8/11/11) is too vague and does not indicate how many sessions were being requested and over what duration the sessions were to occur. As a result, the request for cognitive behavioral therapies, psycophysiological therapies to address stress and pain such as biofeedback therapy and progressive muscle relaxation (8/11/11) is not medically necessary.

Retrospective request (DOS: 11/10/11) for a specialist referral psychiatric evaluation: 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), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: Based on the review of the medical records, the claimant completed a psychological evaluation on 8/11/11. In the evaluation report, a psychiatric consultation was recommended to determine if this patient is a candidate to benefit from treatment with psychotropic medication. The report argued such a treatment may help ameliorate current psychological symptoms, which could lead to immediate and significant improvement in functioning. Pharmacological interventions may also allow her to be more receptive and engaged in other needed treatments as well. Given this rationale and the claimant's psychiatric diagnoses, the request for a psychiatric evaluation is reasonable. As a result, the request is medically necessary and appropriate.