

Case Number:	CM14-0138793		
Date Assigned:	09/05/2014	Date of Injury:	10/06/2013
Decision Date:	10/09/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/27/2014

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 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 55-year-old female who reported an injury of unknown mechanism on 10/06/2013. On 04/30/2014, her diagnoses included major depressive disorder, single episode, mild; post-traumatic stress disorder. She had been receiving treatment including psychotherapy, psychophysiological therapy, stress reduction, self hypnosis, biofeedback, psychoeducation, and exposure therapy. The submitted documentation covers the period of 01/2014 through 04/2014. since her reported injury was 1 year ago, the number of psychotherapy sessions and the period of time involved in therapy could not be determined. The clinical progress notes indicated that this injured worker was administered a number of clinical scale and psychometric instruments, but the names, scores, and interpretations were not available in the submitted documentation. On 04/30/2014, her treatment plan included request for 6 sessions of psychotherapy in conjunction with 6 sessions of psychophysiological therapy. The rationale was that the additional treatment was to continue her demonstrated progress and recovery of agoraphobia and PTSD symptoms. There was no request for authorization included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 x week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

Decision rationale: The request for psychotherapy 1 x week for 6 weeks is not medically necessary. The California MTUS Guidelines recommend psychological treatment for appropriately identified patients with chronic pain. Cognitive behavioral therapy has been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The Official Disability Guidelines do recommend cognitive behavioral therapy for depression stating that the effects may be longer lasting than therapy with antidepressants alone. Time frames include up to 13 to 20 visits over 7 to 20 weeks if progress is being made. Given the submitted documentation, the total number of visits attended could not be determined. Although the therapist notes state that progress was being made with this injured worker, due to the fact that her reported injury is 1 year old from the contents of the notes it could not be determined that progress was being made. Additionally, there was no documentation that this injured worker was being treated concurrently with any antidepressant medications, as well as psychotherapy. The clinical information submitted failed to meet the evidence based guidelines for continued psychotherapy. Therefore, this request for psychotherapy 1 x week for 6 weeks is not medically necessary.

Psychophysiological Therapy (Biofeedback) 1 x week x 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines: Biofeedback Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Cognitive Behavioral Therapy for depression.

Decision rationale: The request for psychophysiological therapy (biofeedback) 1 x week x 6 weeks is not medically necessary. The California MTUS Guidelines recommend psychological treatment for appropriately identified patients with chronic pain. Cognitive behavioral therapy has been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The Official Disability Guidelines do recommend cognitive behavioral therapy for depression stating that the effects may be longer lasting than therapy with antidepressants alone. Time frames include up to 13 to 20 visits over 7 to 20 weeks if progress is being made. Given the submitted documentation, the total number of visits attended could not be determined. Although the therapist notes state that progress was being made with this injured worker, due to the fact that her reported injury is 1 year old from the contents of the notes it could not be determined that progress was being made. Additionally, there was no documentation that this injured worker was being treated concurrently with any antidepressant

medications, as well as psychotherapy. The clinical information submitted failed to meet the evidence based guidelines for continued psychotherapy. Therefore, this request for psychophysiological therapy (biofeedback) 1 x week x 6 weeks is not medically necessary.