

Case Number:	CM14-0153624		
Date Assigned:	09/23/2014	Date of Injury:	12/20/2013
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/19/2014

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 Psychiatry 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:

Injured worker is a 35 year old female with date of injury 12/20/2013. Date of the UR decision was 9/12/2014. She suffered injury to hands, finger, wrists, shoulders and multiple body parts secondary to being assaulted while performing her work duties. Report dated 8/25/2014. Report suggested that she was experiencing depression, anxiety, irritability, insomnia, crying episodes, damaged self-esteem, fatigue, trouble concentrating, deterioration in quality of life and sleep disturbance. She rated in the normal range on Beck Depression Inventory; scored 18 on Beck Anxiety Scale indicating moderate levels of anxiety. She was diagnosed with Post Traumatic Stress Disorder and Psychological factors affecting general medical condition (stress intensified headache and neck/shoulder/back muscle tension/pain). It was indicated that she was prescribed Xanax for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral psychotherapy sessions six (6) sessions over the next 45 days or more, all on as on needed basis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, Cognitive therapy for PTSD.

Decision rationale: ODG Psychotherapy Guidelines:-6 sessions as initial trial- Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made.(The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.)- In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. The request for Cognitive behavioral psychotherapy sessions six (6) sessions over the next 45 days or more, all on as on needed basis exceeds the guideline recommendations for initial trial and thus is not medically necessary.

Biofeedback sessions, six (6) sessions over the next 45 days or more: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain.Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success."The request for Biofeedback sessions, six (6) sessions over the next 45 days or more is not medically necessary.

Medication management; two (2) sessions over the next three months or more on as as needed basis: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness, Office visits Stress related conditions

Decision rationale: It has been indicated that injured worker has been prescribed Xanax for insomnia. Benzodiazepines are not recommended for long term use. She has been authorized for one session of medication management per the UR decision. The request for medication management; two (2) sessions over the next three months or more on as needed basis is excessive and thus is not medically necessary at this time.