

Case Number:	CM14-0169885		
Date Assigned:	10/17/2014	Date of Injury:	04/12/2010
Decision Date:	11/19/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/13/2014

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 Anesthesiology has a subspecialty in Pain Medicine 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 injured worker is a 65 year old female whose date of injury is 04/12/2010. On this date the injured worker's chair broke and the injured worker fell to the ground, striking her bilateral knees and hitting her head. Treatment to date includes left knee surgery in 10/2011, right knee surgery in 04/2012 and right total knee arthroplasty on 09/20/13. Diagnoses include right knee degenerative joint disease, status post right total knee arthroplasty, bilateral shoulder strain consequential and bilateral hand tendinitis. Agreed medical re-examination in psychiatry dated 06/27/14 indicates that after being placed on medical leave and undergoing surgery in April 2012, she began to experience significant depressive symptoms as a result of feeling hopeless about her situation. She had not received any psychological treatment. BDI is 19 and BAI is 6. Diagnoses are major depressive disorder, consider recurrent, moderate, with industrial aggravation; and pain disorder associated with both psychological factors and a general medical condition. The injured worker was authorized to undergo twelve individual psychotherapy sessions on 09/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 office visits of group psychotherapy for the next 3 months.: 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 illness and stress chapter, Group therapy

Decision rationale: Based on the clinical information provided, the request for twelve office visits of group psychotherapy for the next three months is not recommended as medically necessary. The Official Disability Guidelines note that group psychotherapy is recommended as an option for injured workers with posttraumatic stress disorder. This injured worker does not present with a diagnosis of posttraumatic stress disorder. Diagnoses are major depressive disorder, consider recurrent, moderate, with industrial aggravation; and pain disorder associated with both psychological factors and a general medical condition. The injured worker's response to authorized individual psychotherapy is not documented.

12 office visits of biofeedback for the next 3 months.: 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): 24-25.

Decision rationale: Based on the clinical information provided, the request for twelve office visits of biofeedback for the next three months is not recommended as medically necessary. The injured worker was authorized for a course of individual psychotherapy in September 2014. There are no individual psychotherapy progress notes submitted for review documenting the injured worker's objective functional response to this treatment. CA MTUS guidelines note that an initial trial of individual psychotherapy should be performed prior to a course of biofeedback. CA MTUS guidelines would support an initial trial of 3 to 4 visits of biofeedback with up to ten visits with evidence of objective functional improvement.