

Case Number:	CM14-0033039		
Date Assigned:	04/30/2014	Date of Injury:	12/27/2005
Decision Date:	07/08/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/19/2014

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 licensed 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 67 year-old female([REDACTED] with a date of injury of 12/27/05. The claimant sustained injuries to her right leg, right hip, and low back as the result of repetitive movements associated with her job as a jewelry sales associate for [REDACTED]. These movements included cleaning jewelry, putting jewelry away in the safe or removing it from the safe, putting cases away when closing or setting them up when opening, and lifting and carrying trays weighing 5-15 pounds each. On his 2/27/14 PR-2 report, [REDACTED] diagnosed the claimant with the following: (1) Anxiety and depression secondary to industrial injury; (2) Gastrointestinal upset; (3) Degenerative disc disease; (4) Facet arthropathy; (5) Internal derangement - Hip Rt; (6) Chronic multilevel disc protrusions; (7) Disc herniation L1-S1 lumbar; (8) Radiculopathy - lumbar; (9) Sleep disturbance; (10) Musculoligamentous injury lumbosacral; and (11) Status post total hip arthroscopy. The claimant also sustained injury to her psyche secondary to her work-related orthopedic injuries. Treating psychologist, [REDACTED], has diagnosed the claimant with: (1) Major depressive disorder, single episode; (2) Pain disorder; (3) Anxiety disorder, NOS; and (4) R/O Sleep disorder due to a medical condition and Cognitive disorder, NOS.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOLLOW-UP OFFICE VISITS WITH PSYCHOLOGIST, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

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.

Decision rationale: The CA MTUS does not address the use of follow-up visits therefore, the Official Disability Guideline regarding the use of office visits will be used as reference for this case. The request for follow-up visits with the psychologist is redundant to the request for additional psychotherapy sessions. It is unclear why a separate request has been made as there is no information within the medical records indicating the need for additional follow-up visits in addition to separate psychotherapy sessions. Without the information to substantiate this request, the request for "follow up office visits with psychologist, #4" is not medically necessary.

BIOFEEDBACK THERAPY, #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Biofeedback.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: The CA MTUS guideline regarding the use of biofeedback for the treatment of chronic pain will be used as reference for this case. Based on the review of the medical records, it appears that the claimant has been receiving psychotherapy and biofeedback services from [REDACTED] since sometime in 2012. It is noted in the records that the claimant has received at least 28 biofeedback/psychotherapy sessions. Although [REDACTED] has done well in providing information in his monthly PR-2 reports, the claimant has far exceeded the number of sessions recommended by the CA MTUS. In addition, the claimant has not been able to demonstrate consistent objective functional improvements as the result of the services. In October 2013 the claimant's Beck Depression score was 18 and her Beck Anxiety score was 13. Four months later, in February 2014, the claimant's Beck Depression score was 16 and her Beck Anxiety score was 17. Over the four months, the claimant was unable to demonstrate any significant improvements. Since the claimant has far exceeded the number of total recommended sessions set forth by the CA MTUS and she has not been able to demonstrate consistent objective functional improvements, the request for "Biofeedback Therapy, #6" is not medically necessary.

INITIAL COGNITIVE BEHAVIORAL THERAPY, #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Cognitive Behavioral Therapy Guidelines.

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.

Decision rationale: The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive behavioral treatment of depression will be used as reference for this case. Based on the review of the medical records, it appears that the claimant has been receiving psychotherapy and biofeedback services from [REDACTED] since sometime in 2012. It is noted in the records that the claimant has received at least 28 biofeedback/psychotherapy sessions. With that being said, the request for "initial" sessions is confusing. Although [REDACTED] has done well in providing information in his monthly PR-2 reports, the claimant has far exceeded the number of psychotherapy sessions recommended by the ODG. In addition, the claimant has not been able to demonstrate consistent objective functional improvements as the result of the services. In October 2013 the claimant's Beck Depression score was 18 and her Beck Anxiety score was 13. Four months later, in February 2014, the claimant's Beck Depression score was 16 and her Beck Anxiety score was 17. Over the four months, the claimant was unable to demonstrate any significant improvements. Since the claimant has far exceeded the number of total recommended sessions set forth by the ODG and she has not been able to demonstrate consistent objective functional improvements, the request for "Initial Cognitive Behavioral Therapy, #6" is not medically necessary.