

Case Number:	CM14-0050133		
Date Assigned:	07/07/2014	Date of Injury:	01/18/2014
Decision Date:	08/01/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/17/2014

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 61 year-old female with a date of cumulative trauma from 1/18/13 to 1/18/14. The claimant sustained injury to her psyche as the result of workplace stress including work overload with lack of proper breaks, understaffing and lack of scheduling difficulties, and discriminatory retaliation. The claimant sustained these injuries while working as a staff nurse and midwife for the [REDACTED]. It is also reported that the claimant sustained injury to her right hand and fingers and her right knee as the result of previous workplace injuries. In his Primary Treating Psychologist's Initial Report with Psychological Test Results dated 2/25/14, [REDACTED] diagnosed the claimant with, major depressive disorder, single episode, unspecified, panic disorder with agoraphobia, generalized anxiety disorder; and psychological factors affecting medical condition (stress-intensified headache, neck/shoulder/back tension/pain, nausea, constipation, and possible stress-aggravated high blood pressure and transient ischemic attack in 2011). In his subsequent Primary Treating Psychologist's Permanent and Stationary Report with Psychological Test Results dated 6/18/14, [REDACTED] eliminated the diagnoses of Pain disorder with agoraphobia and Generalized anxiety disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Psychotherapy 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavior Therapy Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines - Psychotherapy.

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 California MTUS does not address the treatment of depression therefore, the ODG regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant is experiencing psychiatric symptoms as well as chronic pain. The request under review of for initial psychotherapy sessions following [REDACTED] initial psychological evaluation 2/25/14. The ODG recommends an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) may be necessary. The request for 6 CBT sessions abides by the therefore, the request for Cognitive Behavior Psychotherapy 6 sessions is medically necessary. It is noted that the claimant received a modified authorization for 4 CBT psychotherapy sessions.

Biofeedback 6 sessions: Upheld

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

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

Decision rationale: The California MTUS guideline regarding the use of biofeedback will be used as reference in this case. Based on the review of the medical records, the claimant is experiencing both psychiatric symptoms as well as symptoms of pain. The request under review is for an initial trial of biofeedback following [REDACTED] initial psychological evaluation on 2/25/14. The California MTUS indicates that for the use of biofeedback, there is to be an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) may be necessary. It further indicates that patients may continue biofeedback exercises at home. Given this guideline, the request for 6 sessions exceeds the number of initial sessions set forth by the California MTUS. Therefore, the request for Biofeedback 6 sessions is not medically necessary. It is noted that the claimant received a modified authorization for 4 CBT psychotherapy sessions.