

Case Number:	CM14-0151568		
Date Assigned:	10/01/2014	Date of Injury:	01/08/2009
Decision Date:	04/08/2015	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Psychologist

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 male with an industrial injury date of 01/08/2009. He presents on 08/19/2014 for psychological consultation, evaluation and treatment as part of his comprehensive pain management program for pain. He suffered a severe injury while working on a freeway construction site resulting in chronic pain in his back and shoulder. He states he feels sad, anxious and depressed. Prior treatments include medications, walking, psychotherapy, functional restoration program, nerve blocks, exercise and relaxation training. Diagnosis: Pain disorder associated with both a general medical condition and psychological factors, Major depressive disorder, Anxiety disorder, Psychosocial problems, loss of job and job related stressors. On 09/05/2014 the request for follow up visits with psychologist, quantity 12 and biofeedback sessions, quantity of 6 was non-certified. The request for medication management session, quantity of 3 was modified to a quantity of 1. MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visits with Psychologist QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] and [REDACTED] on 8/19/14. In that report, it was recommended that the injured worker receive follow-up psychotherapy services as well as biofeedback and medication management services. The request under review is based on these recommendations. Although the injured worker is in need of psychological care, the request for an initial 12 psychotherapy sessions exceeds both the CA MTUS and ODG recommendations regarding the number of initial sessions for the treatment of chronic pain and depression. As a result, the request for 12 follow-up visits with psychologist is not medically necessary. It is noted that the injured worker received an eventual modified authorization for 4 initial psychotherapy sessions in response to this request.

Biofeedback sessions QTY: 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Chronic Pain: Biofeedback therapy guidelines.

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

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] and [REDACTED] on 8/19/14. In that report, it was recommended that the injured worker receive follow-up psychotherapy services as well as biofeedback and medication management services. The request under review is based on these recommendations. Although the injured worker would likely benefit from biofeedback in conjunction with psychotherapy, the request for an initial 6 biofeedback sessions exceeds the CA MTUS. As a result, the request is not medically necessary. It is noted that the injured worker received an eventual modified authorization for 4 initial biofeedback sessions in response to this request.

Medication Management sessions QTY: 3: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Office Visits.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] and [REDACTED] on 8/19/14. In that

report, it was recommended that the injured worker receive follow-up psychotherapy services as well as biofeedback and medication management services. The request under review is based on these recommendations. The request for 3 medication management sessions/office visits appears reasonable and is therefore, medically necessary. It is noted that the injured worker received a modified authorization for 1 medication management session in response to this request.