

Case Number:	CM14-0185492		
Date Assigned:	11/13/2014	Date of Injury:	03/13/2001
Decision Date:	01/28/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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 Psychiatrist (MD) 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 56 year old female with date of injury 03/13/2001. She encountered work-related injury to her head, neck, back, and upper and lower extremities. Date of the UR decision was 10/15/2014. Per report dated 10/9/2014, the injured worker presented with anxiety, depression, suicidal ideation, sleep disorder, nightmares, irritability, anger, social withdrawal, tearfulness, low self-esteem, decreased libido, poor concentration and forgetfulness. She was given the diagnosis of Major Depressive Disorder, single episode, moderate; Somatic symptom disorder with predominant pain, moderate, Female hypoactive disorder and Psychological factors affecting medical condition. The treatment plan included Evaluation of psychotropic Medication and Psychotherapy. Per Psychiatric admit evaluation on 08/02/2014, the injured worker presented with depression with suicide intent, she presented feeling very hopeless, helpless, worthless content, and positive auditory hallucinations saying to her "kill me, kill me." She was admitted to [REDACTED] on voluntary status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 20 sessions weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker is a good candidate for behavior treatment of chronic pain. However, the request for Psychotherapy 20 sessions weekly exceeds the guideline recommendations for an initial trial.

Biofeedback 10 sessions weekly: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT)

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." Per MTUS, evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The request for Biofeedback 10 sessions weekly is excessive and not medically necessary.

Evaluation of psychotropic medication 6 sessions monthly: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

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: ODG states "Office visits: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of

medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. "There is no clear indication for the need of such close monitoring and follow up such as monthly visits. The request for Evaluation of psychotropic medication 6 sessions monthly is excessive and not medically necessary.