

Case Number:	CM14-0211890		
Date Assigned:	12/24/2014	Date of Injury:	04/08/2013
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/17/2014

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 57-year-old female [REDACTED] with a date of injury of 4/8/2013. The injured worker sustained injuries to her knees when she tripped and fell while working as a laborer for [REDACTED]. She is diagnosed with internal derangement, bilateral knees. It is reported that the injured worker also developed psychiatric symptoms of depression and anxiety secondary to her work-related orthopedic injury. She has been diagnosed with Major depressive disorder, recurrent and Generalized anxiety disorder. Based on a one page visit note dated 11/13/2014, the injured worker has begun participating in psychotherapy with [REDACTED], under the supervision of [REDACTED]. Unfortunately, there are no other psychological records, such as a psychological evaluation, submitted for review. The requests under review are for 6 biofeedback sessions and 12 psychotherapy sessions, which were denied by UR on 12/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Biofeedback Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines- Biofeedback therapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation ODG biofeedback therapy guidelines.

Decision rationale: Based on the review of the medical records, the injured worker has been experiencing psychological symptoms of depression and anxiety secondary to her work-related orthopedic injury and pain. Unfortunately, there was only one page submitted for review from a psychologist. There was no evaluation offering more specific diagnostic information nor appropriate treatment recommendations. Without adequate documentation, the need for psychological services cannot be determined. As a result, the request for "Biofeedback 6 sessions" is not medically necessary.

Follow- up visits with Psychologist x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines- Mental Illness and stress, Office visits

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: Based on the review of the medical records, the injured worker has been experiencing psychological symptoms of depression and anxiety secondary to her work-related orthopedic injury and pain. Unfortunately, there was only one page submitted for review from a psychologist. There was no evaluation offering more specific diagnostic information nor appropriate treatment recommendations. Without adequate documentation, the need for psychological services cannot be determined. As a result, the request for "Follow- up visits with Psychologist x 12 sessions" is not medically necessary.