

Case Number:	CM14-0085108		
Date Assigned:	07/23/2014	Date of Injury:	07/17/2012
Decision Date:	01/14/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 injured worker is a 49 year-old female (██████████) with a date of injury of 7/17/12. The injured worker sustained cumulative orthopedic injuries to her neck, bilateral shoulders, back, hands, upper and lower extremities, and feet as well as internal injuries related to vision, respiratory system, and gastrointestinal system while working as a packer for ██████████. In his PR-2 report dated 5/9/14, ██████████ diagnosed the injured worker with: (1) Shoulders sprain/strain; (2) R/O left shoulder internal derangement; (3) Right shoulder internal derangement; (4) Right shoulder status post-surgery; (5) Blurry vision; (6) Headaches; (7) Cough; (8) Anxiety disorder; (9) Mood disorder; (10) Sleep disorder; and (11) Stress. The injured worker has received treatment for her orthopedic injuries including medications, injections, physical therapy, and surgery. It is also reported that the injured worker developed psychiatric symptoms of depression and anxiety secondary to her work-related orthopedic and internal injuries. In his 5/12/14 "Treating Psychologist's Initial Report with Psychological Test Results", ██████████ diagnosed the injured worker with: (1) Major depressive disorder, single episode, unspecified; (2) Generalized anxiety disorder; and (3) Psychological factors affecting medical condition (stress-intensified headache, neck/shoulder/back, muscle tension/pain, palpitations, peptic acid reaction and constipation). In the report, ██████████ recommended follow-up psychotherapy and biofeedback services. The requests under review are based upon these recommendations and include requests for 6 sessions each of psychotherapy and biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback times six (6) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG): Behavioral Interventions; B.

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 will be used as reference for this case. The review of the medical records indicates that the injured worker experiences symptoms of depression and anxiety that are interfering with her functioning. Based on his initial psychological evaluation of the injured worker in May 2014, [REDACTED] recommended follow-up psychological services that included CBT psychotherapy and biofeedback. In his report, [REDACTED] presents evidence to support a trial of biofeedback however; the CA MTUS recommends biofeedback in conjunction with CBT and recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks." Given this information, the request for an initial trial of 6 visits exceeds the recommended number of initial sessions set forth by the CA MTUS. As a result, the request for "Biofeedback times six (6) sessions" is not medically necessary.

Cognitive Behavioral Therapy (CBT) times six (6) sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines ACOEM: Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT) Guidelines for Chronic Pain

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 treatment of depression will be used as reference for this case. The review of the medical records indicate that the injured worker experiences symptoms of depression and anxiety that are interfering with her functioning. Based on his initial psychological evaluation of the injured worker in May 2014, [REDACTED] recommended follow-up psychological services that included CBT psychotherapy and biofeedback. In his report, [REDACTED] presents evidence to support a trial of CBT. The ODG recommends an "initial trial of 6 visits over 6 weeks." Given this information, the request for an initial trial of 6 visits is within the recommended guideline. As a result, the request for "Cognitive Behavioral Therapy (CBT) times six (6) sessions" is medically necessary.

