

Case Number:	CM15-0005388		
Date Assigned:	01/16/2015	Date of Injury:	03/03/2011
Decision Date:	03/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/10/2015

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 (IW) is a 50 year-old female () with a date of injury of 3/3/2011. The Injured Worker sustained injury to her back and left shoulder when she was retrieving files from the top of a 3 drawer file cabinet and the other drawers opened, causing the file cabinet to fall onto the Injured Worker. She has been diagnosed with: Degeneration of cervical intervertebral disc; Cervical disc displacement without myelopathy; Pain in joint, shoulder; Unspecified major depression, recurrent; Generalized anxiety disorder; and Pain psychogenic NEC. She has been treated with medications, physical therapy, home exercise program, and participation in a functional restoration program. It is also noted that the Injured Worker developed psychological symptoms secondary to her work-related orthopedic injury. In the psychological evaluation from June 2014, the Injured Worker was diagnosed with: Major depressive disorder, single episode; and Pain disorder due to both psychological factors and a general medical condition. The Injured Worker has been treated with psychotropic medications, psychotherapy, and biofeedback. The request under review is for a psychiatric consultation and 6 sessions of biofeedback, which were denied by UR on 12/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office Psychiatric consultation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398 - referral.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience psychological symptoms related to depression and anxiety. She has been taking psychotropic medications however, it appears that they have been prescribed by her primary care physician. Given the fact that the injured worker continues to experience symptoms despite receiving psychotropic medications, a referral to a psychiatrist is reasonable. As a result, the request for a psychiatric consultation is medically necessary.

Biofeedback train, any Meth x 6 (continued biofeedback): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

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 received psychological services from [REDACTED] in 2012 for an unknown number of sessions. Most recently, the injured worker completed a psychological evaluation with [REDACTED] in June 2014 and began receiving follow-up psychotherapy with [REDACTED]. It is noted that 12 sessions were authorized however, the records included for review do not offer enough information to confirm whether 12 sessions were completed. Additionally, it was noted within the records that biofeedback was also completed however, there are no biofeedback notes/reports included for review. Without information to substantiate the request, the request for an additional 6 sessions of biofeedback is not medically necessary.