

Case Number:	CM15-0100528		
Date Assigned:	06/03/2015	Date of Injury:	09/13/2012
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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 is a 53-year-old male, who sustained an industrial injury on 09/13/2012. The injured worker reported numbness and pain in the left wrist extending to the elbow and radiating up through the neck and under the ears. Bilateral upper extremity pain has since developed; he has since undergone several surgical procedures. On provider visit dated 05/12/2015 the injured worker has reported having psychological complaints, which developed secondary to persistent pain and loss of function including panic attacks. On examination of the injured worker mood was noted as euthymic, he denied depressive episodes, signs of anxiety were noted and the injured worker thought process was logical and coherent. The diagnoses have included pain disorder associated with both psychological factors and general medical condition. Treatment to date has included sessions of biofeedback and cognitive behavior therapy and psychotherapy, cognitive behavioral pain management, relaxation training and medication. The provider requested 6 sessions of psychotherapy and 6 sessions of biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Psychological treatment Page(s): 19-23.

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 Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker was initially evaluated psychologically by [REDACTED] in March 2014. He received follow-up psychological services until August 2014. Following the discontinuation in services, the injured worker decompensated psychologically as the result of not being able to return to work. He resumed outpatient psychological treatment in November 2014 for an unknown number of additional sessions. In the final report dated 5/20/15, [REDACTED] and [REDACTED] reported improvement and agreed that the injured worker is permanent and stationary from a psychological standpoint. They both suggested that 2 additional sessions would be helpful for termination purposes, but the injured worker was no longer in need of ongoing treatment. Additionally, according to the UR determination letter, the peer-to-peer contact with [REDACTED] confirmed that the injured worker was no longer in need of services and that the request for additional treatment could be rescinded. Based on the above information, the request for an additional 6 sessions of psychotherapy is not medically necessary.

6 sessions of biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions; Psychological treatment Page(s): 19-23.

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 was initially evaluated psychologically by [REDACTED] in March 2014. He received follow-up psychological services until August 2014. Following the discontinuation in services, the injured worker decompensated psychologically as the result of not being able to return to work. He resumed outpatient psychological treatment in November 2014 for an unknown number of additional sessions. In the final report dated 5/20/15, [REDACTED] and [REDACTED] reported improvement and agreed that the injured worker is permanent and stationary from a psychological standpoint. They both suggested that 2 additional sessions would be helpful for termination purposes, but the injured worker was no longer in need of ongoing treatment. Additionally, according to the UR determination letter, the peer-to-peer contact with [REDACTED] confirmed that the injured worker was no longer in need of services and that the request for additional treatment could be rescinded. Based on the above information, the request for an additional 6 session's biofeedback is not medically necessary.