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| Case Number: | CM15-0102773 | | |
| Date Assigned: | 06/05/2015 | Date of Injury: | 11/29/2004 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 05/28/2015 |

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 47-year-old male, who sustained an industrial injury on 11/29/04. The injured worker has complaints of anxiety, frustration, worry, low self-esteem, sadness, paranoia, sleep problems, headaches, appetite changes, sadness and hopelessness. The documentation noted that he injured worker isolates himself, feeling irritable with his wife and children and worrying about work. The documentation noted that the injured worker has a history of Posttraumatic Stress Disorder. The diagnoses have included depression not otherwise specified. Treatment to date has included psychological evaluation and psychological testing. The request was for 14 psychological treatments and 14 biofeedback treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

14 Psychological Treatments: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy.

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 has been experiencing psychiatric symptoms of depression and anxiety secondary to his work-related injury. He completed a psychological evaluation with [REDACTED] on 4/29/15. Although her comprehensive evaluation report was not included for review, the Doctor's First Report of Occupational Injury or Illness was included as well as follow-up reports. Following the evaluation, [REDACTED] recommended subsequent psychotherapy as well as biofeedback sessions, both of which serve as the basis for the requests under review. In the cognitive treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for an initial 14 sessions appears reasonable and therefore is medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 sessions in response to this request.

14 Biofeedback Treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG, biofeedback therapy guidelines.

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 has been experiencing psychiatric symptoms of depression and anxiety secondary to his work-related injury. He completed a psychological evaluation with [REDACTED] on 4/29/15. Although her comprehensive evaluation report was not included for review, the Doctor's First Report of Occupational Injury or Illness was included as well as follow-up reports. Following the evaluation, [REDACTED] recommended subsequent psychotherapy as well as biofeedback sessions, both of which serve as the basis for the requests under review. In using biofeedback, the CA MTUS recommends an initial 3-4 visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. Given this guideline, the request for an initial 14 biofeedback sessions exceeds the total number of recommended sessions. As a result, the request for 14 biofeedback sessions is not medically necessary.