

Case Number:	CM15-0108598		
Date Assigned:	06/18/2015	Date of Injury:	03/24/2015
Decision Date:	07/21/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/05/2015

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 60-year-old male who sustained an industrial injury on 3/24/15 the result of cumulative trauma involving stress and harassment. He experienced headache, neck, shoulder pain, muscle tension, shortness of breath, chest pain, palpitations, peptic acid reaction and possible stress aggravated diabetes. His activities of daily living were limited in the areas of self-care, sexual activity, sleep difficulties, cognitive impairment. He has a prior history of psychiatric injury in 2001. Currently he exhibited abnormal behavior with visible anxiety and depressive facial expressions. Diagnoses include major depressive disorder; generalized anxiety disorder; psychological factors affecting medical condition (headache, neck, shoulder pain, muscle tension, shortness of breath, chest pain, palpitations, peptic acid reaction and possible stress aggravated diabetes). His psychological test results were highly abnormal measuring. Those measuring emotional functioning were abnormal. He underwent the Beck Depression Inventory; Beck Anxiety Inventory; Beck Scale for Suicidal Ideation; Neuroticism Scale Questionnaire; Minnesota Multiphasic Personality Inventory. In the progress note dated 4/8/15 the treating provider's plan of care includes requests for six cognitive behavior psychotherapy sessions and six biofeedback sessions in order to improve the depression, anxiety, sleep problems, stress-intensified medical symptoms and the related functional impairment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback, Qty 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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 completed an initial psychological evaluation with [REDACTED] in April 2015. In the report, it was recommended that the injured worker receive follow-up psychological services including psychotherapy and biofeedback sessions. The request under review is based upon these recommendations. The CA MTUS recommends the use of biofeedback in conjunction with CBT for the treatment of chronic pain. It suggests an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 6-10 visits over 5-6 weeks" may be necessary. However, this case is a mental health case for which the guidelines do not completely apply. Since anxiety symptoms also benefit from biofeedback, the CA MTUS guideline will be used loosely. As a result, the request for an initial trial of 6 biofeedback sessions to be used in conjunction with initial CBT sessions appears reasonable and medically necessary.

Initial Cognitive Behavioral Psychotherapy, Qty 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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 completed an initial psychological evaluation with [REDACTED] in April 2015. In the report, it was recommended that the injured worker receive follow-up psychological services including psychotherapy and biofeedback sessions. The request under review is based upon these recommendations. The ODG recommends that for the cognitive treatment of depression, there be "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given this guideline, the request for an initial 6 sessions is reasonable and medically necessary. It is noted that the injured worker received a modified authorization for an initial 4 CBT sessions in response to this request.