

Case Number:	CM15-0148120		
Date Assigned:	08/11/2015	Date of Injury:	01/31/2011
Decision Date:	09/09/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/30/2015

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 41 year old male, who sustained an industrial injury on 1-31-2011. The mechanism of injury is unknown. The injured worker was diagnosed as having alcohol abuse, dysthymic disorder. Beck depression and anxiety inventory revealed moderate depression and severe anxiety. Treatment to date has included therapy and medication management. In a progress note dated 6-5-2015, the injured worker complains of neck, back and leg pain rated 8 out of 10 and panic attacks and depression. Physical examination showed depressed mood and restricted affect. The treating physician is requesting Biofeedback therapy, initial trial of 3-4 psychotherapy visits over 2 weeks and Cognitive behavior therapy, 6-10 visits, 1 time per week for 5-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy, initial trial of 3-4 psychotherapy visits over 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

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 by psychologist, [REDACTED], on 2/17/15. In the subsequent report, [REDACTED] recommended follow-up psychological treatment. It appears that the injured worker began follow-up services with therapist, [REDACTED], LMFT. However, the date of commencement is unknown. There were only 3 therapy progress notes included for review dated 4/11/15, 4/20/15, and 5/18/15. These notes indicated that they were for psychotherapy session numbers 4-6. It is assumed that the injured worker only completed 6 psychotherapy sessions. Unfortunately, the PR-2 reports submitted from [REDACTED] fail to note the number of total psychotherapy sessions to date so this number cannot be confirmed. Additionally, the request for 3-4 biofeedback sessions remains too vague. As a result of the above rationale, the request for 3-4 biofeedback sessions is not medically necessary.

Cognitive behavior therapy, 6-10 visits, 1 time per week for 5-6 weeks: Upheld

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

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 by psychologist, [REDACTED], on 2/17/15. In the subsequent report, [REDACTED] recommended follow-up psychological treatment. It appears that the injured worker began follow-up services with therapist, [REDACTED], LMFT. However, the date of commencement is unknown. There were only 3 therapy progress notes included for review dated 4/11/15, 4/20/15, and 5/18/15. These notes indicated that they were for psychotherapy session numbers 4-6. It is assumed that the injured worker only completed 6 psychotherapy sessions. Unfortunately, the PR-2 reports submitted from [REDACTED] fail to note the number of total psychotherapy sessions to date so this number cannot be confirmed. Additionally, the request for 6-10 psychotherapy sessions remains too vague. As a result of the above rationale, the request for 6-10 CBT psychotherapy sessions is not medically necessary.