

Case Number:	CM15-0162742		
Date Assigned:	08/31/2015	Date of Injury:	08/12/2011
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/19/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 female, who sustained an industrial injury on 8-12-2011. The mechanism of injury is injury from hitting the center divider at 50 miles per hour. The current diagnoses are post-traumatic stress disorder, depressive disorder, and panic disorder with agoraphobia. According to the progress report dated 6-26-2015, the injured worker reports that she is sleeping better with Risperdal but has nightmares. She notes the following: anxiety, tension, irritability, depression, insomnia, panic attacks, and quick temper are reduced. She has rare crying episodes and feelings that life is not worth living. She denies suicidal ideations, auditory or visual hallucinations, and danger to self or others. She notes that her appetite, weight, sociability, and sexual activity are low. In addition, she reports bad dreams of work, impaired memory and concentration, and occasional alcohol use. The examination reveals somewhat less tense and dysphoric mood and thought content. She is smiling, no laughing or weeping. She does not exhibit panic attacks or obsessive rituals. The current medications are Xanax, Restoril, Wellbutrin, and Prazosin. There is documentation of ongoing treatment with Ativan since at least 3-20-2015. Treatment to date has included medication management and psychological treatment. Work status is not described. A request for Ativan, 8 biofeedback sessions, and 8 health and behavioral intervention sessions has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #90 (Rx 03/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications.

Decision rationale: MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The injured worker has been diagnosed with post-traumatic stress disorder, depressive disorder, and panic disorder with agoraphobia. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been Ativan 1 mg three times daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Ativan 1mg #90 (Rx 03/20/15) is not medically necessary. It is to be noted that the UR physician authorized #53 Ativan tablets for the purpose of safe taper.

8 biofeedback sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Biofeedback.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." The request for 8 biofeedback sessions is excessive and not medically necessary as per guidelines, the evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain.

8 health and behavior intervention sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

Decision rationale: Per MTUS the request for 8 health and behavior intervention sessions is excessive. There is no rationale for the need for such intervention or the parameters that need to be monitored and assessed during these sessions. Therefore, this request is not medically necessary.