

Case Number:	CM15-0165152		
Date Assigned:	09/02/2015	Date of Injury:	09/03/2003
Decision Date:	10/06/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/21/2015

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:

This 58 year old female sustained an industrial injury on 9-3-03. The injured worker developed hypertension, overuse syndrome, neuropathy of upper and lower extremities, gastroesophageal reflux disease, fibromyalgia and De Quervain's tenosynovitis syndrome. The injured worker was currently receiving ongoing care for depression and pain disorder. In a progress note dated 7-14-15, the injured worker complained of ongoing dizziness, disorientation, headaches, ambulation trouble and nausea after falling in her bathroom on 7-3-15 with a subsequent head injury and loss of consciousness. The injured worker stated that when she looked up, around or moved her head too quickly that her dizziness and nausea increased. The injured worker also complained of new onset neck, shoulder and trunk pain after the fall. The physician noted that the injured worker ambulated slowly, was unsteady and appeared tired and slightly lethargic. Current diagnoses included other psychalgia, major depressive disorder and post-concussion syndrome. The treatment plan included requesting authorization for home health assistance, renewing medications (Lunesta, Cymbalta, Percocet, Lyrica and Voltaren gel) and a referral for psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback X 8 one per month: 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): Biofeedback.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in 2003. She has also developed psychiatric symptoms of depression secondary to the chronic pain and has received psychological care from [REDACTED]. It is unclear from the records when psychological services commenced. In a PR-2 report from [REDACTED] dated 1/21/15, it is indicated that the injured worker was last seen on 10/21/14 and had not been able to continue attending treatment due to physical limitations until the visit in January 2015. There are no psychological records prior to January 2015 included for review and none of the included records indicate the total number of sessions completed to date. Therefore, the injured worker's history of psychological treatment prior to January 2015 is unknown. Between the January 2015 PR-2 report and the 7/14/15 progress note, the injured worker participated in psychological treatment. Once again, there is no mention as to the number of sessions completed between those dates nor is there any indication that progress or improvements have been made. In fact, the injured worker has experienced an exacerbation in symptoms due to a recent fall. The request under review is for 8 biofeedback sessions. The CA MTUS recommends the use of biofeedback in combination with CBT in the treatment of chronic pain. It recommends "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 4-6 weeks (individual sessions)" may be necessary. Utilizing this guideline, the request for an initial 8 sessions exceeds the number of recommended sessions set forth by the CA MTUS. Additionally, given the injured worker's cognitive deficits and symptoms, biofeedback treatment may not be a suitable option. As a result of the above rationale, the request for 8 biofeedback sessions is not medically necessary.

Group and individual therapy X 8 bi-weekly; one unit every other week: 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): Behavioral interventions. 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 continued to experience chronic pain since her injury in 2003. She has also developed psychiatric symptoms of depression secondary to the chronic pain and has received psychological care from [REDACTED]. It is unclear from the records when psychological services commenced. In a PR-2 report from [REDACTED] dated 1/21/15, it is indicated that the injured worker was last seen on 10/21/14 and had not been able to continue attending treatment due to physical limitations until the visit in January 2015. There are no psychological records prior to January 2015 included for

review and none of the included records indicate the total number of sessions completed to date. Therefore, the injured worker's history of psychological treatment prior to January 2015 is unknown. Between the January 2015 PR-2 report and the 7/14/15 progress note, the injured worker participated in psychological treatment. Once again, there is no mention as to the number of sessions completed between those dates nor is there any indication that progress or improvements have been made. In fact, the injured worker has experienced an exacerbation in symptoms due to a recent fall. The request under review is for 8 biweekly group and individual therapy sessions. In the treatment of chronic pain, the CA MTUS recommends a total of up to 6-10 psychotherapy visits. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Because there is minimal information regarding the services that occurred between January 2015 and July 2015 including the number of completed sessions or the improvements that had been made prior to the injured worker's recent fall, the need for additional treatment cannot be fully determined. As a result, the request for an additional 8 biweekly individual and group psychotherapy sessions is not medically necessary.

In-home health assistance with ADL's 1 unit - 15 minutes; X 12 units per day X 7 days for 6 weeks: Overturned

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): Home health services.

Decision rationale: Based on the review of the medical records, the injured worker has continued to experience chronic pain since her injury in 2003. She has also developed psychiatric symptoms of depression secondary to the chronic pain and has received psychological care from [REDACTED]. In his 7/21/15 progress note, [REDACTED] indicated that the injured worker recently had a fall in which she hit her head and was now experiencing cognitive deficits. Due to the physical limitations as well as the recent cognitive issues, she was having difficulty performing her ADLs. The request under review is for 3 hrs. of home health support 7 days per week for 6 weeks in order to assist the injured worker in completion of her ADLs. The CA MTUS supports the use of home health support assistance when individuals are home-bound or intermittently home-bound and do not have the support of others. Although the injured worker is married, it is unclear as to her husband's abilities to help. Additionally, the CA MTUS indicates that home health support is for ADL's and not for personal care activities such as cleaning, laundry, etc. Lastly, it is not be used for more than 35 hrs. per week. Given these guidelines, the request for In-home health assistance with ADL's 1 unit - 15 minutes; X 12 units per day X 7 days for 6 weeks, which equates to 3 hours per day, 7 days per week (total of 21 hours per week) appears reasonable. As a result, the request is medically necessary.