MAXIMUS Federal Services

Case Number:	CM15-0196577		
Date Assigned:	10/12/2015	Date of Injury:	04/23/2015
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/06/2015

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 27 year old female injured worker suffered an industrial injury on 4-23-2015. The diagnoses included concussion, post-traumatic stress disorder and depressive disorder. On 9-16-2015 the treating provider reported she was still having significant headaches and had been trying multiple medications (Zanaflex and Amerge) through neurology without benefit and the injured worker noted they may be actually making the psych symptoms worse. On 9-24-2015 the treating provider reported severe depression and anxiety, increasing social isolation, increased crying, continued suicidal thought without intent, deficits in memory and concentration and increased fatigue. The discussion focused on opening up more to friends and family about her condition and attending classes such as [redacted] and [redacted] promote leaving the house and being more active. Prior treatment included acupuncture and medication. Diagnostics included Beck anxiety Inventory, Beck Depression Inventory and PTSD Checklist were all severe 8-31-2015 and had worsened since 6-1-2015. Request for Authorization date was 9-25-2015. The Utilization Review on 9-29-2015 determined modification for Additional Psychotherapy 2x6 to 6 sessions, modification for Additional Biofeedback 2x6 to 6 sessions and non-certification for Outpatient Psychiatric Program x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Psychotherapy 2x6: Upheld

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

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 Stres/ Cognitive therapy for PTSD.

Decision rationale: ODG states, Cognitive therapy for PTSD is recommended. There is evidence that individual Trauma-focused cognitive behavioral therapy/exposure therapy (TFCBT), stress management and group TFCBT are very effective in the treatment of post-traumatic stress disorder (PTSD). Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. ODG Psychotherapy Guidelines recommend, "Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate." The injured worker encountered head trauma resulting in concussion, post-traumatic stress disorder and depressive disorder. She has been authorized for 10 psychotherapy sessions so far and has completed at least 6/10 of those sessions. Per the most recent progress report dated 9-24-2015, she continues to experience severe depression and anxiety, increasing social isolation, increased crying, continued suicidal thought without intent, deficits in memory, concentration, and increased fatigue. There is no evidence of objective functional improvement with the psychotherapy treatment so far and thus the request for additional Psychotherapy 2x6 is excessive and not medically necessary. It is to be noted that the UR physician authorized six sessions of psychotherapy.

Additional Biofeedback 2x6: Upheld

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

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

Decision rationale: Guideline 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 injured worker encountered head trauma resulting in concussion, post-traumatic stress disorder and depressive disorder. She has been authorized for 6 biofeedback sessions and has completed a few of those sessions. Per the most recent progress report dated 9-24-2015, she continues to experience severe depression and anxiety, increasing social isolation, increased crying, continued suicidal thought without intent, deficits in memory, concentration, and increased fatigue. There is no evidence of objective functional improvement with the treatment so far and thus the request for additional

Biofeedback 2x6 is excessive and not medically necessary. It is to be noted that the UR physician authorized six sessions of Biofeedback.

Outpatient Psychiatric Program x 2: 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), mental Illness and Stress.

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/ Cognitive therapy for PTSD.

Decision rationale: It is unclear as to what is meant by an outpatient psych program. The injured worker has already received treatment in form of medications, psychotherapy and biofeedback. The request for Outpatient Psychiatric Program x 2 is excessive and not medically necessary.