

Case Number:	CM15-0199787		
Date Assigned:	10/15/2015	Date of Injury:	12/10/2014
Decision Date:	11/24/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/12/2015

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 56 year old female, who sustained an industrial injury on 12-10-2014. She reported a motor vehicle accident with a head injury. Diagnoses include post-concussion syndrome, pain disorder associated with both psychological factors and a general medical condition, and adjustment disorder with mixed anxiety and depressed mood. Treatments to date include activity modification, medication therapy, six (6) psychotherapy sessions and six (6) biofeedback sessions. The medical records indicated ongoing symptoms prompting a comprehensive neurological evaluation to be completed on 5-20-15, that included multiple tests revealing impairments in verbal and visual spatial working memory limiting the amount of information she can process at any given point in time, limited ability to encode, retain, and retrieve verbal information, cognitive ability deficits, and results suggesting "she is reacting to her physical limitation and that this is an additional source of disability." The plan of care included cognitive therapy, psychology treatment involving the Cogmed program, and increasing level of physical activity. A psychological evaluation was completed on 6-23-15 and the records indicated 6 sessions were completed in total. She reported feeling a little depressed, worried, and was having difficulty concentrating and poor recall. Her affect was noted as restricted and her mood was anxious. Functional improvement was evidenced by improvement in sleep. The three psychological tests utilized for evaluation consistently included the BAI, BDI-II, and PCS. The results on 5-11-15 were 25, 35, and 29 respectively. On 6-23-15, the results were 23, 29, and 11 respectively. The treatment goals included reducing autonomic arousal, improve sleep, manage pain, and help improve memory and attention. The plan of care

included additional psychiatric treatments. The appeal requested authorization for a psychiatric evaluation, six (6) biofeedback sessions, and six (6) psychotherapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychophysiological therapy (biofeedback), 6 sessions: 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: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 2/25/15 and has been authorized for 20 psychotherapy sessions as well as 10 biofeedback sessions with [REDACTED]. The most recent progress report included for review is dated 8/28/15. The request under review is for an additional 6 biofeedback sessions. According to the CA MTUS, in the treatment of chronic pain it is recommended that a total of up to 10 biofeedback sessions be completed. Following 10 sessions, additional biofeedback exercises can be done at home. Considering that the injured worker has already completed a total of 10 sessions without demonstrating consistent progress, the request for an additional 6 sessions exceeds the recommended guidelines. As a result, the request for an additional 6 psychophysiological sessions is not medically necessary.

Psychotherapy, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Psychotherapy for MDD (major depressive disorder).

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 behavioral therapy (CBT).

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 2/25/15 and has been authorized for 20 psychotherapy sessions as well as 10 biofeedback sessions with [REDACTED]. The most recent progress report included for review is dated 8/28/15 and was used to support a request for services that was authorized on 9/1/15. According to that letter of determination, the injured worker was authorized for an additional 6 CBT sessions (bringing the total to 20 authorized sessions) as well as a psychiatric consultation. The RFA for the request under review is dated 9/3/15. It appears that the request under review was made prior to receiving authorization for the prior request and is therefore, a duplicate request. As a result, the request for an additional 6 psychotherapy sessions is not medically necessary.

Psychiatric evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 2/25/15 and has been authorized for 20 psychotherapy sessions as well as 10 biofeedback sessions with [REDACTED]. The most recent progress report included for review is dated 8/28/15 and was used to support a request for services that were authorized on 9/1/15. According to that letter of determination, the injured worker was authorized for an additional 6 CBT sessions (bringing the total to 20 authorized sessions) as well as a psychiatric consultation. The RFA for the request under review is dated 9/3/15. It appears that the request under review was made prior to receiving authorization for the prior request and is therefore, a duplicate request. As a result, the request for a psychiatric evaluation is not medically necessary.