

Case Number:	CM15-0021693		
Date Assigned:	02/11/2015	Date of Injury:	04/10/2013
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/05/2015

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 59 year old female, who sustained an industrial injury on 04/10/2013. She has reported anxiety and depression. The diagnoses have included irritant contact dermatitis to chlorine; depressive disorder; anxiety; and insomnia disorder. Treatment to date has included medications and psychotherapy. Currently, the IW complains of depressive symptoms including sadness, fatigue, and lack of motivation; anxiety symptoms including nervousness, unable to relax, and health worries; and sleep disturbance. A progress note from the treating physician, dated 12/23/2014, reports objective findings to include subdued affect; complained about health; and grimaced in obvious physical pain. The treatment plan has included request for pharmacologic management referral to psychiatrist; 4 biofeedback sessions over 2 months; psycho-educational group over 2 months; initial 4 sessions of cognitive behavior therapy over 4 months; and sleep study referral. On 01/21/2015 Utilization Review non-certified a prescription for Biofeedback x 4 Sessions; a prescription for Group Psychotherapy 4 Treatments; and a prescription for Sleep Study Referral. The CA MTUS, ACOEM was cited. On 02/02/2015, the injured worker submitted an application for IMR for review of Biofeedback x 4 Sessions; Group Psychotherapy 4 Treatments; and Sleep Study Referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback x4 Sessions: Overturned

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: The injured worker completed an initial psychological evaluation with [REDACTED] in November 2014. In that report, [REDACTED] recommended individual psychotherapy, biofeedback, psychoeducational group therapy, and a sleep study. The request under review is based on these recommendations. The CA MTUS recommends an initial trial of 3-4 biofeedback sessions in the treatment of chronic pain. Although the injured worker's primary symptoms involve anxiety and depression rather than chronic pain, the biofeedback sessions will help her learn skills to reduce these symptoms and return to work faster. As a result, the request for an initial trial of 4 biofeedback sessions appears appropriate and medically necessary.

Group Psychotherapy 4 Treatments: Upheld

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

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 ChapterCognitive therapy for depression.

Decision rationale: The injured worker completed an initial psychological evaluation with [REDACTED] in November 2014. In that report, [REDACTED] recommended individual psychotherapy, biofeedback, psychoeducational group therapy, and a sleep study. The request under review is based on these recommendations. Although group therapy was recommended to help the injured worker with her anxiety and depressive symptoms, individual therapy was authorized by UR and appears to be an appropriate option at this time. As a result, the request for 4 group psychotherapy sessions is not medically necessary.

Sleep Study Referral: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, Independent Medical Examinations and Consultations.

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 ChapterPolysomnography.

Decision rationale: The injured worker completed an initial psychological evaluation with [REDACTED] in November 2014. In that report, [REDACTED] recommended individual psychotherapy,

biofeedback, psychoeducational group therapy, and a sleep study. The request under review is based on these recommendations. The ODG discusses the use of polysomnography for the evaluation of insomnia. Although a sleep study may be helpful, the injured worker has yet to participate in any psychological services to learn useful skills and techniques that may help alleviate her insomnia as suggested by the ODG. Since she has yet to receive psychological services, the request for a sleep study is premature and is therefore, not medically necessary.