MAXIMUS Federal Services

Case Number:	CM15-0031057		
Date Assigned:	02/24/2015	Date of Injury:	10/24/2014
Decision Date:	05/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/19/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61 year old female, who sustained an industrial injury on October 24, 2014. According to a Doctor's Report of Injury, dated 10/24/2014, the injured worker collapsed with a loss of consciousness. The injured worker was taken to the emergency department and informed that she suffered from a panic attack and hypertension. The diagnoses have included major depressive disorder, generalized anxiety disorder, post-traumatic stress disorder and psychological factors affecting medical condition. Treatment to date has included radiographic imaging, diagnostic studies, psychiatric consultation, anti-psychotic medications, conservative therapies and work restrictions. On 12/31/2014, the injured worker presented for a psychological evaluation with psychological testing. The injured worker had multiple symptoms to include depression, a change in appetite, a sleep disturbance, decreased energy, feelings of inadequacy, restlessness, and irritability. The physician indicated the injured worker presented as defensive, guarded, and alienated due to depression and anxiety. The injured worker's manner of communication was tense and pressured, particularly when revealing how she worked 7 days per week for 2 months. The injured worker was interested in receiving psychotherapy. It was also noted that the injured worker scored a 30 on the Beck Depression Inventory, placing the injured worker in the severe range of subjective depression. The injured worker also scored a 27 on the Beck Anxiety Inventory, indicating a severe level of anxiety. The injured worker was diagnosed with major depressive disorder, generalized anxiety disorder, and psychological factors affecting a medical condition. Treatment recommendations at that time included 6 sessions of cognitive behavioral therapy, as well as 6 sessions of biofeedback therapy. Medication management

sessions over the next 3 months or more, on an as needed basis, were also requested. A Request for Authorization form was then submitted on 12/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Cognitive Behavioral Psychotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The California MTUS Guidelines recommend cognitive behavioral therapy. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. Although individual psychotherapy may be indicated in this case, the request for an initial 6 sessions exceeds guideline recommendations. As such, the request is not medically necessary at this time.

6 Psychotherapy Biofeedback Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The California MTUS Guidelines state biofeedback is not recommended as a stand alone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. Treatment is recommended as an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for an initial 6 sessions of biofeedback sessions, exceeds guideline recommendations. As such, the request is not medically necessary.

Neurology Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations, pg 127, Official Disability Guidelines (ODG) Evaluation & Management.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, there was no documentation of a significant neurological deficit. The medical necessity for the requested neurology consultation has not been established in this case. There is no indication that this injured worker has exhausted conservative treatment with the treating physician. Given the above, the request is not medically necessary.

Internal Medicine Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations, pg 127, Official Disability Guidelines (ODG) Low Back, Medical Practice Standard of Care.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state, a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. In this case, the medical rationale for an internal medicine consultation was not provided. There is no documentation of a significant abnormality to support the necessity for an internal medicine physician. As the medical necessity has not been established, the request is not medically necessary.

Chiropractic Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation ACOEM Chapter 6 (Pain), Suffering and the Restoration Of Function, Page 114, Official Disability Guidelines (ODG) Neck/Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by a musculoskeletal condition. In this case, there was no documentation of a significant functional deficit upon examination. The request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically necessary.