

Case Number:	CM15-0050050		
Date Assigned:	03/23/2015	Date of Injury:	03/19/2013
Decision Date:	05/13/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/17/2015

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: Illinois

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 injured worker is a 64-year-old female who reported an injury on 03/19/2013. The mechanism of injury was cumulative trauma. Prior therapies included a TENS unit, physical therapy, and group therapy. The documentation of 11/14/2014 revealed the injured worker had no surgeries. The injured worker participated in 10 sessions of group therapy and had 2 injections. The medications included ibuprofen, Flector patches, Voltaren gel, and nonindustrial medications including triamterene and hydrochlorothiazide. The injured worker was utilizing a TENS unit. The injured worker was noted to have a depressed mood and endorsed crying spells. The injured worker indicated she felt angry, restless, and agitated at times. The injured worker had a decreased appetite. The injured worker had social withdrawal. The injured worker had fatigue during the day. The injured worker's diagnoses included pain disorder associated with both psychological factors and orthopedic condition, and depressive order NOS moderate. The injured worker scored a 19 on the Epworth Sleepiness Scale. The documentation indicated the injured worker did not think they could manage a functional restoration program. As such, the request was made for individual psychological visits to address depression and loss. The treatment recommendations included psychological evaluations. Additionally, the documentation indicated if the sleep did not improve with individual sessions and antidepressants, the recommendation was for trazadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 6 sessions in conjunction with 6 sessions of psychophysiological therapy (biofeedback): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 1063, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, Biofeedback Page(s): 23, 24.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that injured workers should be screened for risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these "at risk" injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. There should be a consideration of separate psychotherapy, cognitive behavioral therapy if after 4 weeks the injured worker lack of progress from physical medicine alone. The initial trial of psychotherapy would be 3-4 sessions and with evidence of objective functional improvement, total of up to 6-10 visits. The California Medical Treatment Utilization Schedule do not recommend Biofeedback as a stand-alone treatment. The recommendation would be for an initial trial of 3-4 psychotherapy visits over 2 weeks. The clinical documentation submitted for review failed to provide the necessity for 6 sessions. Given the above, the request for psychotherapy 6 sessions in conjunction with 6 sessions of psychophysiological therapy (biofeedback) is not medically necessary.

Psychotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that injured workers should be screened for risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these "at risk" injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. There should be a consideration of separate psychotherapy, cognitive behavioral therapy if after 4 weeks the injured worker lack of progress from physical medicine alone. The initial trial of psychotherapy would be 3-4 sessions and with evidence of objective functional improvement, total of up to 6-10 visits. There was a lack of documentation indicating the quantity of dates and the quantity of visits being requested. Without objective functional improvement, this request could not be supported. The request as submitted failed to indicate the frequency and quantity. Given the above, the request for psychotherapy sessions is not medically necessary.

CD's customized #4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Relaxation treatment (for migraines).

Decision rationale: The Official Disability Guidelines indicate that relaxation is appropriate for migraines. The request as submitted failed to indicate the specific customized CDs being requested. There was a lack of documented rationale. Given the above, the request for CD's customized #4 is not medically necessary.

Psychological progress reports 1 month: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that injured workers should be screened for risk factors for delayed recovery, including fear avoidance beliefs. The initial therapy for these "at risk" injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. There should be a consideration of separate psychotherapy, cognitive behavioral therapy if after 4 weeks the injured worker lack of progress from physical medicine alone. The initial trial of psychotherapy would be 3-4 sessions and with evidence of objective functional improvement, total of up to 6-10 visits. The psychological progress reports should be a part of the specific office visit. There was a lack of documentation indicating a necessity for a separate report. Additionally, the request as submitted failed to indicate the specific quantity of sessions being requested. Given the above, the request for psychological progress reports 1 month is not medically necessary.