

Case Number:	CM15-0242186		
Date Assigned:	12/21/2015	Date of Injury:	04/01/2013
Decision Date:	01/25/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	12/11/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old male with a date of industrial injury 4-1-2013. The medical records indicated the injured worker (IW) was treated for major depressive disorder, recurrent, severe, without psychotic features; panic disorder (episodic paroxysmal anxiety) without agoraphobia; claustrophobia; sleep disorder, unspecified; and chronic pain syndrome. In the Behavioral and Psychological Evaluation report (10-29-15), the IW reported he had difficulty remembering and was "super dyslexic". He referred to his wife for many details, like names and dates. At times, he complained of depression, and at other times, denied it. He reported feelings of sadness, irritability and frustration, as well as a loss of interest in social activities and decreased sexual desire. He had difficulty with activities of daily living, including self-care, household tasks and driving. He also reported a history of panic attacks that were improved over the last two months. On examination (10-29-15 notes), his affect was blunted. He spoke in a monotone. His memory appeared vague. His Depression T score was 57 and Somatization T score was 56. Treatments included surgery, acupuncture, trigger point injections, chiropractic treatment, physical therapy, aqua therapy and epidural injections. He was using medical marijuana every night for pain management and relaxation. The IW was temporarily totally disabled. The provider stated that without intervention, the IW was at risk for further emotional deterioration, prolonged utilization of expensive treatment modalities and requirement of a higher level of care. Cognitive Behavioral therapy, biofeedback and psychopharmacological evaluation were recommended. A Request for Authorization was received for six sessions of cognitive behavioral therapy (per 10-29-15 order); six sessions of biofeedback (per 10-29-15 order); and three sessions of psychiatric

evaluation (per 10-29-15 order). The Utilization Review on 11-10-15 modified the request for six sessions of cognitive behavioral therapy (per 10-29-15 order) and six sessions of biofeedback (per 10-29-15 order); and non-certified three sessions of psychiatric evaluation (per 10-29-15 order).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral therapy x 6 sessions: Overturned

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 (ODG), Mental Illness & Stress Chapter, Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs), Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators), Psychological treatment.

Decision rationale: According to the guidelines, Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological /Multidisciplinary approach to managing pain is appropriate for the claimant who has significant anxiety and depression. The claimant is willing to be improve, and currently has significant emotional deterioration. The request for 6 sessions of cognitive therapy is appropriate. Therefore, the requested treatment is medically necessary.

Biofeedback x 6 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 Medical Treatment 2009, Section(s): Biofeedback.

Decision rationale: According to the guidelines, Biofeedback is not recommended alone but as an option with CBT. In this case, the claimant will be getting CBT but there is insufficient evidence for its use in pain control. The guidelines recommend up to 3-4 sessions to determine response. In this case, the 6 sessions exceed the guidelines amount and is not medically necessary.

Psychiatrist Evaluation x 3 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Second Edition, 2004, page 398.

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

Decision rationale: According to the guidelines, Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological /Multidisciplinary approach to managing pain is appropriate for the claimant who has significant anxiety and depression. The claimant is willing to be improve, and currently has significant emotional deterioration. The request for 3 sessions with a psychiatrist is appropriate.