

Case Number:	CM14-0117130		
Date Assigned:	09/23/2014	Date of Injury:	01/27/2003
Decision Date:	11/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Psychologist and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male who reported injury on 01/27/2003. The mechanism of injury was not noted in documentation provided. The diagnoses included severe major depression and severe post-traumatic stress disorder. The injured workers past treatments include cognitive behavior therapy and biofeedback. Within the clinical note dated 07/17/2014 it was noted the injured worker to have improvements in Beck scores and improvements within specific biofeedback session. A physical examination was not submitted for clinical review. The documentation submitted did not provide information on medications, or the rationale as to why he was requesting additional cognitive behavioral therapy and biofeedback sessions. A request for authorization dated 07/22/14 is included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Cognitive behavioral therapy x 9 visits over the next three months or more:
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) Mental & stress, cognutive therapy

Decision rationale: The Official disability guidelines (ODG) states if mental diagnosis the injured worker may have up to 13-20 visits over 7-20 weeks of individual sessions if progress is being made and documentation of symptom improvement during the process. In cases of severe major depression or PTSD, up to 50 sessions if progress is being made. Studies show that a 4-6 session trial should be sufficient to provide evidence of symptom improvement, but functioning and quality of life indices do not change as markedly within a short duration of psychotherapy as do symptom based outcome measures. Documentation provided states that the injured worker has had cognitive behavioral therapy with functional improvement but fails to provide documentation of significant evidence of functional improvement or how many sessions he has already had. The provider failed to document an adequate and complete assessment within the clinical notes submitted. Therefore based on the lack of documentation the request for additional cognitive behavior therapy x9 visits over the next three months is not medically necessary. As such the request is not medically necessary.

Biofeedback x 4 visits over the next three months or more: 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
Biofeedback Page(s): 24-25.

Decision rationale: The request for additional Biofeedback x4 visits over the next three months is non-certified. The injured worker has had well over 6-10 biofeedback sessions with subjective documentation stating functional improvement such as social functioning with family and friends. However, the Official disability guidelines do not recommend biofeedback as a stand-alone treatment, but do recommend as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. The guidelines recommend in conjunction with cognitive behavioral therapy after four weeks, with strong evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks, and then patients can continue biofeedback exercises at home. Due to the lack of documentation providing objective functional improvement, the request for Additional Biofeedback x4 visits is not medically necessary. The provider failed to document an adequate and complete assessment within the clinical notes submitted. As such, the request is not medically necessary.