

Case Number:	CM14-0144206		
Date Assigned:	09/12/2014	Date of Injury:	04/20/2012
Decision Date:	10/10/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/05/2014

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 Psychology and is licensed to practice in California. 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 claimant is a 57 year-old female [REDACTED] with a date of injury of 4/20/12. The claimant sustained injuries to her right wrist, back, and right shoulder as the result of cumulative work-related movements. The claimant sustained these injuries while working as park maintenance worker for the [REDACTED]. It is also reported that the claimant has developed psychiatric symptoms secondary to her work related orthopedic injury. In his PR-2 report dated 8/6/14, [REDACTED] diagnosed the claimant with: (1) Depressive disorder; (2) Anxiety disorder NOS; and (3) Sleep disorder due to a medical condition. The claimant has been receiving psychological services from [REDACTED] since May 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

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 Chapter

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address follow-up visits therefore, the Official Disability Guideline regarding office visits will be used as reference for this case. Based on the review of the medical records, the claimant has been experiencing symptoms of depression and anxiety secondary to her work-related orthopedic injuries. She was initially evaluated by [REDACTED] from [REDACTED] in May 2014. At that time, he recommended follow-up psychotherapy services, which the claimant was authorized to receive. The claimant completed her initial 4 BT sessions from June through July. The request under review is for a subsequent follow-up visit. It is unclear what the follow-up visit is for considering that there has also been a request for additional psychotherapy sessions. Without a better understanding of the purpose for the follow-up visit, the request for a "Follow up" is not medically necessary.

10 cognitive behavioral therapy sessions: Overturned

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

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 Chapter

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address the treatment of depression and anxiety therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference for this case. Based on the review of the medical records, the claimant has been experiencing symptoms of depression and anxiety secondary to her work-related orthopedic injuries. She was initially evaluated by [REDACTED] from [REDACTED] in May 2014. At that time, he recommended follow-up psychotherapy services, which the claimant was authorized to receive. The claimant completed an initial 4 psychotherapy sessions with [REDACTED] from June through July 2014. The request under review is for an additional 10 cognitive behavioral therapy (CBT) sessions. The information submitted for review offers relevant and appropriate information to substantiate the need for additional services. The Official Disability Guidelines (ODG) suggests that additional sessions may be necessary "with evidence of objective functional improvement" from prior treatment. It further recommends that a "total of 13-20 visits over 13-20 weeks (individual sessions)" may be provided. Given that the claimant has only completed 4 psychotherapy sessions, the request for an additional 10 CBT sessions is appropriate and falls within the ODG recommendations. As a result, the request for an additional "10 cognitive behavioral therapy sessions" is medically necessary.

6 sessions of psycho education group protocol: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Education (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009) Page(s): 44-45. Decision based

on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder (2010) (pgs. 48-49 of 118)

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guideline regarding education as well as the AMA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as reference for this case. Based on the review of the medical records, the claimant has been experiencing symptoms of depression and anxiety secondary to her work-related orthopedic injuries. She was initially evaluated by [REDACTED] from [REDACTED] in May 2014. At that time, he recommended follow-up psychotherapy services, which the claimant was authorized to receive. The claimant completed an initial 4 psychotherapy sessions with [REDACTED] from June through July 2014. The request under review is for 6 psychoeducation group sessions. The California MTUS recommends education in the treatment of chronic pain. In fact, it states, "No treatment plan is complete without addressing issues of individual and/or group patient education as a means of facilitating self-management of symptoms and prevention.(Colorado, 2002)" Additionally, the AMA indicates that group treatment has "utility" in the treatment of depression. Since the Official Disability Guidelines (ODG) guideline regarding the treatment of depression indicates an initial trial of 6 sessions, the request for 6 group sessions appears to be an appropriate request. A such, the request for "6 sessions of psycho education group protocol" is medically necessary.

10 sessions of biofeedback therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback (Chronic Pain Medical Treatment Guidelines, CA MTUS 2009) Page(s): 24-25.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guideline regarding the use of biofeedback in the treatment of chronic pain will be used as a reference for this case. Based on the review of the medical records, the claimant has been experiencing symptoms of depression and anxiety secondary to her work-related orthopedic injuries. She was initially evaluated by [REDACTED] from [REDACTED] in May 2014. At that time, he recommended follow-up psychotherapy services, which the claimant was authorized to receive. The claimant completed an initial 4 psychotherapy sessions with [REDACTED] from June through July 2014. The request under review is for 10 biofeedback sessions. The California MTUS recommends that biofeedback be incorporated into the psychotherapy sessions. It suggests that there be an initial trial of 3-4 psychotherapy visits within 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. Although the claimant already completed 4 psychotherapy sessions with improvement, biofeedback was not utilized. Given that biofeedback has yet to be used, the request under review is for an initial trial of biofeedback. Given this information, the request for

10 biofeedback sessions exceeds the number of initial sessions set forth by the California MTUS. As a result, the request for "10 sessions of biofeedback therapy" is not medically necessary.