

Case Number:	CM14-0199981		
Date Assigned:	12/10/2014	Date of Injury:	05/09/2013
Decision Date:	01/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/01/2014

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 licensed 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 injured worker is a 38 year-old male (██████████) with a date of injury of 5/9/2013. The injured worker sustained injuries to his neck, back, legs, and left hand as the result of falling approximately 15 feet from the top of scaffolding while working as a construction worker for ██████████. The injured worker has been treated for his orthopedic injuries with medication, physical therapy, and chiropractic. It is reported that the injured worker also developed psychiatric symptoms of reactive anxiety and depression as a result of the work-related incident and has been treated with psychotherapy and biofeedback. In his "Treating Psychologist's Initial Report" dated 7/11/14, ██████████ diagnosed the injured worker with: (1) Post-traumatic stress disorder; (2) Major depressive disorder, single episode, unspecified; and (3) Psychological factors affecting medical condition (stress-intensified headache, neck/shoulder, low back muscle tension/pain, shortness of breath, chest pain, palpitations and peptic acid reaction). The requests under review are for an additional 6 psychotherapy sessions as well as an additional 6 biofeedback sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of cognitive behavior psychotherapy: Overturned

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

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 CA MTUS does not address the treatment of post-traumatic stress disorder (PTSD); therefore, the Official Disability Guideline regarding the cognitive treatment of PTSD will be used as reference for this case. Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in May 2013. He has also been experiencing psychiatric symptoms related to depression and anxiety secondary to his orthopedic pain. He was initially evaluated in July 2014. Within his "Treating Psychologist's Initial Report" dated 7/11/14, the psychologist recommended both Cognitive Behavioral Therapy (CBT) and biofeedback to help manage and alleviate the injured worker's symptoms. It appears that the injured worker was authorized and completed an initial trial of 6 sessions of each modality. In his 10/1/14 "Special Report on Request of Further Cognitive Behavioral Therapy", the psychologist indicated that the injured worker reported improvements in his social functioning and has been "better able to interact more appropriately with his family." He has also become "less emotionally withdrawn and insecure with increased self-esteem. He tries to remain more open and shares with his family...There have been an increased interest in daily activities such as working around the house." Although there have been improvements, additional CBT and biofeedback sessions were requested for which the requests are under review. The ODG recommends an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks" may be needed. The psychologist has been able to present appropriate evidence and a relevant argument to substantiate the need for additional services, which are also within the recommended number of sessions cited within the ODG. As a result, the request for an additional six sessions of cognitive behavior psychotherapy is reasonable and medically necessary.

Six sessions of biofeedback: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter

Decision rationale: The CA MTUS guideline regarding the use of biofeedback in the treatment of chronic pain as well as the Official Disability guideline regarding the use of mind/body interventions for stress relief will be used as references for this case. Based on the review of the medical records, the injured worker has continued to experience chronic pain since his injury in May 2013. He has also been experiencing psychiatric symptoms related to depression and anxiety secondary to his orthopedic pain. He was initially in July 2014. Within his "Treating Psychologist's Initial Report" dated 7/11/14, both CBT and biofeedback were recommended to help manage and alleviate the injured worker's symptoms. It appears that the injured worker was authorized and completed an initial trial of 6 sessions of each modality. In his 10/1/14 "Special Report on Request of Further Cognitive Behavioral Therapy", injured worker reported

improvements in his social functioning and has been "better able to interact more appropriately with his family." He has also become "less emotionally withdrawn and insecure with increased self-esteem. He tries to remain more open and shares with his family...There have been an increased interest in daily activities such as working around the house." Although there have been improvements, the psychologist recommended additional CBT and biofeedback sessions, for which the requests are under review. There is appropriate evidence and a relevant argument to substantiate the need for additional services. As a result, the request for an additional six sessions of biofeedback is reasonable and medically necessary.