

Case Number:	CM15-0016323		
Date Assigned:	02/04/2015	Date of Injury:	01/13/2014
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/28/2015

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: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 female who sustained an industrial injury on 1/13/14. The injured worker reported symptoms in the back. The diagnoses included major depressive disorder, single episode, unspecified and psychological factors affecting medical condition. Treatments to date include oral anti-depressant medications. In a progress note dated 10/31/14 the treating provider reports the injured worker 'exhibited abnormal behavior with visible anxiety and depressive facial expressions.' Psychological testing showed abnormal depression, anxiety, and somatization. Six sessions of CBT with accompanying six sessions of biofeedback were recommended, with a medication evaluation. On 1/22/15 Utilization Review noted that four CBT sessions were certified, the request for six sessions of biofeedback was modified to four sessions, and two sessions of medication management were certified. No further records beyond that date were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of biofeedback: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 - 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines, Biofeedback Therapy Guidelines

Decision rationale: Biofeedback is not recommended as a stand alone treatment, but to be used in conjunction with CBT. UR of 1/22/15 modified a request for six biofeedback sessions to four, corresponding to the same number of certified CBT sessions. There is no evidence provided that those sessions were used to date. As such this request is not medically necessary.

Two sessions of medication management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

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 & Stress, Office Visits

Decision rationale: The need for medication management is based on the patient's individual medication regimen and current condition. UR of 1/22/15 certified two medication management visits. No records were provided to reflect what medications, if any, have been prescribed for this patient, what her current status is, and if those certified visits have been used. This request is therefore not medically necessary.