

Case Number:	CM15-0117153		
Date Assigned:	10/20/2015	Date of Injury:	04/10/2007
Decision Date:	12/01/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/17/2015

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

Certification(s)/Specialty: Psychologist

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 51 year old male, who sustained an industrial injury on 4-10-2007. Medical records indicate the worker is undergoing treatment for pain disorder major depressive disorder and anxiety disorder. A recent progress report dated 6-8-2015, reported the injured worker complained of bilateral upper extremities pain worse on the left and depressive symptoms. Physical examination revealed Beck Depression and Anxiety Inventory were in the severe range. Treatment to date has included physical therapy and medication management. On 6-6-2015, the Request for Authorization requested 6 units of psychotherapy to 4 units and 6 units of biofeedback to 4 units. On 6-15-2015, the Utilization Review modified the request for 6 units of psychotherapy to 4 units and 6 units of biofeedback to 4 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six units of Psychotherapy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, behavioral interventions ; ODG Cognitive Behavioral Therapy (CBT).

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: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker has received psychotherapy services intermittently since 2013. Most recently, he was authorized for 3 psychotherapy sessions with [REDACTED] in February 2015. It appears that he completed the 3rd of those sessions in June 2015, following the RFA for the current request. The current request is for an additional 6 psychotherapy sessions. Given that the injured worker has been able to demonstrate some slight progress despite remaining symptomatic, the request for an additional 6 sessions appears reasonable and is supported by the ODG. As a result, the request for an additional 6 psychotherapy sessions is medically necessary. It is noted that the injured worker received a modified authorization for an additional 4 psychotherapy sessions in response to this request.

Six units of Biofeedback: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Based on the review of the medical records, the injured worker has received psychotherapy services intermittently since 2013. Most recently, he was authorized for 3 psychotherapy sessions with [REDACTED] in February 2015. It appears that he completed the 3rd of those sessions in June 2015, following the RFA for the current request. The current request is for an additional 6 biofeedback sessions. Given that the injured worker has been able to demonstrate some slight progress despite remaining symptomatic, the request for an additional 6 biofeedback sessions in conjunction with additional psychotherapy appears reasonable and is supported by the CA MTUS. As a result, the request for an additional 6 biofeedback sessions is medically necessary. It is noted that the injured worker received a modified authorization for an additional 4 biofeedback sessions in response to this request.