

Case Number:	CM15-0124166		
Date Assigned:	07/08/2015	Date of Injury:	03/13/2014
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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 23 year old female, who sustained an industrial injury on 3/13/2014 involving cumulative injuries to the upper back, right shoulder and lower back. Diagnoses include lumbar discogenic pain, and chronic low back pain. Treatments to date include medication therapy, physical therapy and psychotherapy. On 5/15/15 she reported decreased anxiety, tension, irritability, insomnia, and depression. She denied crying episodes. Objectively she appeared less tense and mood less dysphoric. She was on Ambien 10mg prn. Other medications included omeprazole, oxycodone prn, Lisinopril, Neurontin, Motrin, and Robaxin. Current diagnosis is adjustment disorder with mixed anxiety and depressed mood. Plan=Ambien 10mg tablets #30; twelve (12) group therapy session; and eight (8) biofeedback therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg #30: 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 Illness & Stress/Insomnia Treatment.

Decision rationale: The patient has documented insomnia with benefit received with Ambien. However, this agent was meant to be used in the short term (7-10 days). There are other medications which can be used for longer term such as Rozerem, sedating antidepressants, or non-pharmacological means such as sleep hygiene, progressive relaxation, etc. This request is therefore not medically necessary.

Twelve (12) sessions of group therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23 of 127.

Decision rationale: In UR of 06/16/15, it was noted that the patient has documented prior psychotherapy without objective functional improvement. An initial trial would be 3-4 sessions over 2 weeks and with evidence of objective functional improvement approval of further services. The request for 12 group sessions exceeds guidelines for an initial trial, it is not medically necessary.

Eight (8) sessions of biofeedback therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23 of 127.

Decision rationale: The patient has the diagnosis of adjustment disorder, with history of prior psychotherapy treatment without objective functional improvement. Her last progress note in 05/2015 shows subjectively reported reduction in symptoms, and objectively noted less dysphoric mood. Biofeedback is not a standalone treatment, but meant to be administered in conjunction with psychotherapy. An initial trial would be 3-4 sessions over a 2 week period, with additional sessions if objective functional improvement is shown. This request is for 12 sessions, clearly exceeding guidelines. The request is not medically necessary.