

Case Number:	CM15-0173793		
Date Assigned:	09/15/2015	Date of Injury:	03/23/2012
Decision Date:	10/20/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/03/2015

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 49 year old male, who sustained an industrial injury on 3-23-2012. The medical records indicate that the injured worker is undergoing treatment for major depression, post-traumatic stress disorder, and insomnia. According to the progress report dated 8-12-2015, the injured worker complains of depressed mood, reduced interest in activities, sense of worthlessness, diminished ability to think or concentrate, sleep disturbances, excessive worry or anxiety, difficulty controlling the worry, panic attacks, fear of being around people-crowds, feeling restless or on edge, easily fatigued, and irritability. The mental status examination reveals an anxious-fearful mood. Per notes, he is not currently prescribed and psychotropic medications. Treatment to date has included yoga and cognitive behavioral therapy. Work status is described as temporarily partially disabled. The original utilization review (8-25-2015) had non-certified a request for 6-10 biofeedback therapy and cognitive behavioral therapy visits, 1 time a week over 5-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Biofeedback therapy 6-10 visits, 1 x wk over 5-6 weeks: Upheld

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 continues to experience psychiatric symptoms related to depression and anxiety as a result of his work-related incident in March 2012. He completed an initial psychological evaluation with [REDACTED] under the supervision of [REDACTED], in February 2015. He began follow-up psychotherapy services as well as biofeedback sessions with both [REDACTED], as well as with [REDACTED], under the supervision of [REDACTED]. It appears that he has received a total of 8 psychotherapy sessions and 6 biofeedback sessions since the initial evaluation in February 2015. The request under review is for an additional 6-10 biofeedback sessions at once per week. Based on the records, it appears that the injured worker did not receive biofeedback every week for the initial 6 completed sessions as is recommended by the CA MTUS. It is unclear as to the change in frequency being requested. Additionally, the CA MTUS recommends a total of 10 biofeedback sessions with additional biofeedback sessions to be done at home by the injured worker. The request for an additional 6-10 exceeds the number of total sessions set forth by the CA MTUS. Lastly, the request is too vague as it offers a range, instead of a specific number. Based on the above rationales, the request is not medically necessary.

Cognitive behavioral therapy 6-10 visits, 1 x wk over 5-6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Cognitive Behavioral Therapy (CBT); Psychotherapy 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: Cognitive therapy for depression.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience psychiatric symptoms related to depression and anxiety as a result of his work-related incident in March 2012. He completed an initial psychological evaluation with [REDACTED], under the supervision of [REDACTED] in February 2015. He began follow-up psychotherapy services as well as biofeedback sessions with both [REDACTED], as well as with [REDACTED], under the supervision of [REDACTED]. It appears that he has received a total of 8 psychotherapy sessions and 6 biofeedback sessions since the initial evaluation in February 2015. The request under review is for an additional 6-10 psychotherapy sessions at once per week for 5-6 weeks. Based on the records, it appears that the injured worker did not receive psychotherapy every week for the initial 8 completed sessions. It is unclear as to the change in frequency being requested. In the treatment of depression, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. Although the request for additional treatment falls within the range of sessions recommended by the ODG, the 7/29/15 progress note fails to identify the progress and improvements made as a result of the completed sessions and the request is too vague as it offers a range, instead of a specific number of requested sessions. As a result, the request is not medically necessary.

