

Case Number:	CM15-0071327		
Date Assigned:	04/21/2015	Date of Injury:	08/17/2005
Decision Date:	05/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/14/2015

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 was a 50 year old female, who sustained an industrial injury, from accumulative trauma from August 17, 2004 through August 17, 2005. The injured worker previously received the following treatments psychiatric services. The injured worker was diagnosed with depression, anxiety, low back tension pain, chest pain, nausea, vomiting, alternating constipation with diarrhea and possible stress aggravated diabetes and hypertension. According to progress note of March 9, 2015, the injured workers chief complaint was being discriminated at place of employment. The injured worker suffered emotional discrimination, unjustified yelling, threats and ethnic discrimination. The physical exam noted the injured worker had residual permanent mental and behavioral impairment to a moderate degree. The sessions have improved the injured workers depression and had increased interest in daily activities such as brushing teeth and bathing regularly. The treatment plan included cognitive behavioral therapy and biofeedback.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy times 14 visits over 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Biofeedback Official Disability Guidelines (ODG).

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 been receiving psychological services from [REDACTED] since mid 2012. It is unclear as to the number of completed sessions to date. Although the injured worker has been able to demonstrate progress and improvements despite continued symptoms, the request for an additional 14 sessions appears excessive. As a result, the request is not medically necessary. It is noted that the injured worker did receive a modified authorization for an additional 6 sessions in response to the appeal to this request.

Biofeedback times 10 visits over 5 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on the review of the medical records, the injured worker has been receiving psychological services from [REDACTED] since mid 2012. It is unclear as to the number of completed psychotherapy and/or biofeedback sessions to date. Although the injured worker has been able to demonstrate progress and improvements despite continued symptoms, the request for an additional 10-biofeedback sessions appears excessive. In fact, the CA MTUS only recommends a total of 10 sessions. As a result, the request is not medically necessary.