

Case Number:	CM15-0092495		
Date Assigned:	07/20/2015	Date of Injury:	03/01/2015
Decision Date:	08/18/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/13/2015

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 54 year old male, who sustained an industrial injury on March 01, 2015. The injured worker reported feeling overwhelmed, exhausted, frustrated, with disrupted sleep secondary to work related stress that also led to depressive symptoms. The injured worker was diagnosed as having adjustment disorder with mixed anxiety and depressed mood, bipolar II disorder by history, and biceps tendon rupture from previous injury. Treatment and diagnostic studies to date have included a medication regimen and laboratory studies. In the treating psychologist's initial evaluation dated April 29, 2015 the treating psychologist reports that the injured worker has complaints of pain to the arms and hands, the lower back, and the chest. The treating psychologist indicated that the injured worker had difficulty with concentration, making decisions, hopelessness, agitation, confusion, and stress. The injured worker noted that he has feelings of sadness, loss of interest in activities, and loss of pleasures in activities that were previously enjoyable. The injured worker also has anxiety and tension that is manifested with difficulty relaxing, with fatigue, sweaty palms, trembling hands, irregular heartbeats, and shortness of breath. The treating psychologist requested six sessions of psychotherapy in conjunction with six sessions of psychophysiological therapy (biofeedback) to self-regulate his over stimulation and anxiety with cognitive therapy and feedback regarding his physiology with variability training, healthy breathing, and self-monitoring his galvanic skin response. The treating psychologist also noted the use of biofeedback as a useful tool to increase the injured worker's affect tolerance and affect discrimination. The treating psychologist also requested 60

minutes of psychotherapy sessions to be provided as needed as a substitution for the combination sessions occasionally.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of psychotherapy (in conjunction) 6 sessions of psychophysiological therapy (biofeedback): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive behavioral therapy (CBT).

Decision rationale: Based on the review of the medical records, the injured worker developed an exacerbation of psychiatric symptoms as a result of workplace harassment. He completed an initial psychological evaluation with [REDACTED] on 4/29/15. In her report, [REDACTED] appropriately documented the injured worker's symptoms and offered relevant recommendations including follow-up psychotherapy with biofeedback sessions, which serve as the basis for the request under review. The CA MTUS recommends the use of biofeedback in conjunction with CBT and suggest a "trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks." However, this recommendation is for chronic pain and does not address psychiatric symptoms such as anxiety. Regarding the psychological treatment of psychiatric symptoms, the ODG recommends "up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made." Given the fact that the biofeedback is to be used in conjunction with CBT, the request for an initial 6 sessions appears reasonable. As a result, the request for 6 sessions of psychotherapy in conjunction with 6 biofeedback sessions is medically necessary. It is noted that the injured worker received a modified authorization for 4 sessions of each in response to this request.

Psychotherapy session (60 minutes) provided as needed: 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) Cognitive behavioral therapy (CBT).

Decision rationale: Based on the review of the medical records, the injured worker developed an exacerbation of psychiatric symptoms as a result of workplace harassment. He completed an initial psychological evaluation with [REDACTED] on 4/29/15. In her report, [REDACTED] appropriately documented the injured worker's symptoms and offered relevant recommendations including follow-up psychotherapy with biofeedback sessions. It is unclear as to the purpose of "as needed" sixty minute psychotherapy sessions in addition to already authorized psychotherapy treatments. The request appears redundant. As a result, the request for psychotherapy session (60 minutes) provided as needed is not medically necessary.