

<b>Case Number:</b>	CM13-0015339		
<b>Date Assigned:</b>	10/07/2013	<b>Date of Injury:</b>	02/20/2012
<b>Decision Date:</b>	01/15/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychology and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 52 year-old female (██████████) with a date of injury of 2/20/12. According to medical reports, the claimant sustained a work related head, neck, and back injury while working as a quality control inspector. She has received physical medicine including acupuncture, physical therapy, and chiropractic. In addition, she has developed symptoms of depression. Psychologist, ██████████, provided an initial consultation dated 2/13/13 and diagnosed the claimant with (1) major depressive episode, moderate, and pain disorder with both psychological factors and a general medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive Behavioral therapy:** Upheld

**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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Section, pages 24-25 and the Official Disability Guidelines (ODG), Mental Illness an.

**Decision rationale:** Based on the review of the medical records, it appears that the claimant has received some type of psychotherapy services from [REDACTED] following his initial consultation on 2/13/13; however, the number of completed sessions to date is not clear. In his latest report dated 8/26/13, [REDACTED] writes that the "patient received individual care for cognitive behavioral treatment (CBT)", but does not elaborate on the number of completed sessions and there are no specific case/session notes included in the record reviewed. In order to determine further services, it is essential that the number of completed sessions are known. The Official Disability Guidelines suggest that for the cognitive treatment of depression that "an initial 6 sessions over 6 visits" be initiated and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Without knowing the number of completed sessions, the request for 6 CBT and biofeedback sessions remains too vague and therefore, is not medically necessary. Furthermore, the California MTUS states that biofeedback is "not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity." The ODG guidelines cited within the CA MTUS suggest that practitioners "screen for patients with risk factors for delayed recovery, as well as motivation to comply with a treatment regimen that requires self-discipline. Initial therapy for these "at risk" patients should be physical medicine exercise instruction, using a cognitive motivational approach to PT. Possibly consider biofeedback referral in conjunction with CBT after 4 weeks. Initial trial of 3-4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions - Patients may continue biofeedback exercises at home". Similarly, without knowing the number of psychotherapy sessions already completed and whether biofeedback has already been offered, the request for 6 CBT and biofeedback sessions remains too vague and is not medically necessary.

**Biofeedback sessions:** Upheld

**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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Section, pages 24-25 and the Official Disability Guidelines (ODG), Mental Illness an.

**Decision rationale:** Based on the review of the medical records, it appears that the claimant has received some type of psychotherapy services from [REDACTED] following his initial consultation on 2/13/13; however, the number of completed sessions to date is not clear. In his latest report dated 8/26/13, [REDACTED] writes that the "patient received individual care for cognitive behavioral treatment (CBT)", but does not elaborate on the number of completed sessions and there are no specific case/session notes included in the record reviewed. In order to determine further services, it is essential that the number of completed sessions are known. The Official Disability Guidelines suggest that for the cognitive treatment of depression that "an initial 6 sessions over 6 visits" be initiated and "with evidence of objective functional improvement, total of 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Without knowing the number of completed sessions, the request for 6 CBT and biofeedback sessions remains too vague and

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