

<b>Case Number:</b>	CM13-0021177		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	12/16/2007
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 expert reviewer is a Licensed Clinical Psychologist has a subspecialty in Pain Management 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:

This 61 year old female patient reported an injury on 12/16/2007 after falling backwards in her chair while working as a manicurist. She reported shame at the accident due to being overweight. She returned to work for up to a year but was not able to continue due to the pain. She reports constant Low back pain, neck pain, left knee pain, bilateral shoulder pain, and she as many as 10 surgeries including both shoulders and both knees, emergent lumbar laminectomy surgery, and bilateral hip replacement. Additional medical treatments have included PT, analgesics, opiate pain medications, chiropractic, pool therapy, psychotropic antidepressants and anxiety medications, and the use of a TENS unit. Her psychiatric diagnoses include Major Depressive Disorder, Recurrent, moderate to severe, panic disorder without agoraphobia, and generalized anxiety. Addiction non-industrial diagnosis includes dysthemic disorder and Borderline personality (traits insufficient to meet the full criteria). Reported symptomology includes insomnia, depressed mood, restless sleep due to pain, loss of interest in most activities, social withdrawal, isolation, low self-esteem, hopelessness, decreased libido and dysfunctional coping.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) biofeedback visits of cognitive therapy over 4-5 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 25. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) and ODG Biofeedback therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain treatment guidelines Page(s): 23.

**Decision rationale:** This patient has had very extensive medical treatment to date in an effort to treat her chronic pain. Based on the medical records supplied for this review she appears to have had far less therapy for the psychological sequella that may have resulted from her injury. The reports suggest that at least some of the depression she experiences is from an un-related pre-existing dysthymic disorder and personality traits. A course of intensive cognitive behavioral therapy with biofeedback does not appear, based on the records provided, to have been tried yet but it is not clear if this is because of missing records from [REDACTED] or elsewhere or because it has not been tried. If she has not already had CBT and Biofeedback training, then 3-4 initial sessions over a 2 week period should be tried with documented functional improvement only then to be possibly followed by a total of 6-10 sessions (including the initial ones) over a 5-6 period, if medically indicated, and only with evidence of objective functional improvement. The request for an initial 12 sessions does not adhere to the accepted course of treatment in the guidelines.