

<b>Case Number:</b>	CM13-0043725		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	05/25/2009
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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. The expert reviewer is Board Certified in Psychologist and is licensed to practice in Texas. 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/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 injured worker is a 58-year-old male who reported injury on 05/25/2009. The mechanism of injury was the injured worker was lifting a box of frozen chicken and placed the box on his right shoulder and made a quick turn with his body and as he did so, he experienced a painful sensation in his neck and right shoulder. The documentation of 05/28/2013 revealed the injured worker had a Qualified Medical Evaluation on 05/30/2012 where it was indicated the injured worker had various psychological complaints and was taking Xanax, Hydrocodone, Ibuprofen, Prilosec, and Temazepam. The injured worker's diagnoses included axis I, adjustment disorder with mixed anxiety and depression mood, chronic; pain disorder associated with both psychological factors and orthopedic injury; and a GAF of 61. The recommendation was Benzodiazepines to lessen the anxiety. It was indicated the injured worker was already psychologically dependent on Benzodiazepines and did this to manage anxiety. The documentation further went on to state the injured worker was to undergo a psychological evaluation. The documentation of 06/06/2013 revealed the injured worker had complaints of daily episodes of anxiety as a result of chronic pain and disability. The injured worker was complaining of insomnia and reported that Lunesta, which was prescribed on the last visit, was not medically helpful. The documentation of 06/06/2013 went on to indicate the injured worker underwent Qualified Medical Evaluation by psychiatrist on 05/30/2013 which revealed the injured worker should be treated with cognitive behavioral therapy and biofeedback. The diagnoses on 06/06/2013 were status post right carpal tunnel and ulnar nerve transposition 03/13/2013, bilateral median and ulnar neuropathies per EMG 09/01/2009, cervical radiculopathy of the right upper extremity, and cervical spine sprain/strain with a 4 to 5 mm disc protrusion at C5-6 per MRI on 07/15/2009. The treatment plan included Norco, Ambien, Xanax, Prilosec, and a psychological evaluation for cognitive behavioral therapy and biofeedback for the

management of anxiety as per the recommendation of 05/30/2012 Qualified Medical Evaluation. It was opined once the injured worker had received cognitive behavioral therapy; the injured worker would be able to be weaned off Xanax. There was a treatment request for a urology consultation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PSYCHOLOGICAL EVALUATION FOR MANAGEMENT OF ANXIETY DUE TO CHRONIC PAIN: Upheld**

**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 ONGOING MANAGEMENT Page(s): 78.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommend consideration of a psych consult if there is evidence of depression, anxiety or irritability. The clinical documentation indicated the injured worker had psychological complaints. However, there was a lack of documentation indicating the prior psychological treatments. The injured worker was evaluated through a psychiatric consultation on 05/30/2012. Given the above, the request for psychological evaluation for the management of anxiety due to chronic pain is not medically necessary and appropriate

#### **COGNITIVE BEHAVIORAL THERAPY (NUMBER OF SESSIONS NOT SPECIFIED): 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 -Cognitive Behavioral Therapy (CBT) Guidelines For Chronic Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY GUIDELINES FOR CHRONIC PAIN Page(s): 23.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines recommend 3 to 4 sessions of cognitive behavioral therapy visits over 2 weeks. The request as submitted failed to indicate the quantity of sessions being requested. There was a lack of documentation including a thorough psychological examination with testing to indicate the necessity for cognitive behavioral therapy. Given the above, the request for cognitive behavioral therapy (number of sessions not specified) is not medically necessary and appropriate.

#### **BIOFEEDBACK (NUMBER OF SESSIONS UNSPECIFIED): 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-Biofeedback Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BIOFEEDBACK.

**Decision rationale:** California MTUS Guidelines do not recommend biofeedback as a standalone treatment, but is recommended as an option in cognitive behavioral therapy to facilitate exercise therapy and return to activity. There should be an initial trial of 3 to 4 psychotherapy visits including biofeedback over 2 weeks. The clinical documentation submitted for review failed to indicate the injured worker had a thorough objective psychological evaluation to support the necessity for biofeedback. The request as submitted failed to indicate the quantity of sessions being requested. Given the above, the request for biofeedback (number of sessions unspecified) is not medically necessary.