

<b>Case Number:</b>	CM13-0050637		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Clinical 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 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:

This patient is a 46-year-old female who reported an industrial/occupational work-related continuous trauma injury from January 2, 2010 - January 31, 2012. Medically she has been diagnosed with cervical spondylosis and cervical degenerative disease and lateral epicondylitis allegedly caused by repetitive motion from her work duties for [REDACTED] as a case manager. She reports constant right elbow and neck pain. She reports depression, anxiety, and sleep disturbance. Psychologically, she has been diagnosed with an Adjustment Disorder with mixed anxiety and depressed mood, due to chronic pain. A request for biofeedback two times a week for three weeks (six sessions) and of a request for cognitive behavioral therapy two times a week for three weeks (six sessions) was made and both were non-certified without modification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BIOFEEDBACK 2 TIMES PER WEEK FOR 3 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG biofeedback therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part Two Behavioral Interventions, biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** Biofeedback may have been provided for this patient once or more per week. It did not appear that the outcome of this program resulted in any significant improvement based on the discharge summary. According to the Official Disability Guidelines, biofeedback can be recommended for carefully screened patients, but should not as a stand-alone treatment modality but in conjunction with cognitive behavioral therapy. An initial trial of 3 to 4 sessions should be offered and then with documented evidence of functional improvement an additional 6 to 10 sessions may be offered. After that biofeedback exercises should be practiced at home by the patient. This request is for 6 sessions of biofeedback when only 3-4 are in harmony with the Guidelines as an initial trial to determine response to treatment. If she has already had more than 4 sessions in her program, then this would be exceeding the maximum number that is recommended. This patient has had extensive and perhaps even excessive evaluations and a comprehensive psychological evaluation would be redundant. As such, the request is not medically necessary and appropriate.

**BEHAVIORAL THERAPY 2 TIMES A WEEK FOR 3 WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part two, behavioral interventions, cognitive behavioral therapy Page(s): 23 to 24.

**Decision rationale:** The request for six sessions of cognitive behavioral therapy exceeds the MTUS Guidelines' recommendations which states that an initial trial of 3 to 4 sessions should be offered over a two-week period and that with evidence of objective functional improvement, a total of 6 to 10 visits can be offered over a 5 to 6 week period. This request is nearly double what should be offered for an initial trial. The reason for having an initial trial it is to make sure that the patient it is responsive to the treatment modality and demonstrates objective functional improvements. This will be especially important in this case because she has already had an intensive treatment program that may not have done effective. It will also be in court to demonstrate that this request is not redundant with that program. Nearly 3,000 pages of medical notes were provided for this review and there were many that included detailed information about her psychological condition and psychological evaluation is not needed in order to start any psychological treatments if needed. Although psychological evaluations can be very helpful in guiding treatment for some patients, they are not required. Since the request exceeds the MTUS Guidelines' recommended number of visits, the request is not medically necessary and appropriate.