

<b>Case Number:</b>	CM13-0069433		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/05/2000
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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, has a subspecialty in Health Psychology and 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 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:

According to the records provided for this independent medical review, this patient is a 69 year and 11 months old male patient who reported an industrial/occupational work-related injury on October 5th 2000. There are 2 other dates of injury in 1994 to his right knee that happened when he was breaking up a fight with inmates that resulted in the surgery and two years of being off work; and another on March 20th 1997. He worked as a Deputy Probation Officer for the [REDACTED]. The 1997 injury involves his neck, right shoulder, low back and his psyche; it occurred when he pushed a heavy door that was blocked by another person and experienced a pop followed by intense back pain radiating to his legs. He was off work for approximately two years but was able to return to work in 1999 until 10/2001 when he sustained another injury when the chair underneath him broke and in his attempt a brace himself from the fall he injured his right arm and right shoulder. Subsequently it was found it that he had degenerative disc damage in his back and had surgeries to try to repair them. A severe loss of muscle tone occurred and he was required to use a modified wheelchair and developed further severe medical problems. Psychologically the most difficult ones have involved depression and anxiety with as a result of his disability and continued pain. He is been diagnosed with depressive disorder, not elsewhere classified, with anxiety; psychic factors associated with diseases classified elsewhere. A request for six sessions of cognitive behavioral psychotherapy (CBT) and six sessions of biofeedback were non-certified. This independent medical review will concern itself with the request to overturn this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 SESSIONS OF COGNITIVE BEHAVIOR PSYCHOTHERAPY (CBT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter Psychotherapy.

**Decision rationale:** A request for 6 sessions of CBT is not medically necessary. This request exceeds the amount recommended for initial sessions by the reviewed guidelines. The patient will be eligible for a full course of CBT up to a maximum of 10 sessions if objective functional improvements are documented in the request for additional treatment if they are medically necessary. The guidelines for general psychotherapy are somewhat more generous with an initial block of 6 and with documented functional improvement 13-20 sessions. After review of his file it appears very likely that this patient will require the maximum amount of treatment for both psychotherapy and biofeedback and after the initial block of sessions has been completed assuming that there is improvement that have been documented. Therefore at this time the request for 6 initial CBT are not medically necessary.

**6 SESSIONS OF BIOFEEDBACK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

**Decision rationale:** The California MTUS guidelines state that biofeedback is not recommended as a stand-alone treatment but as an option in a CBT program. Since the request for CBT has been found not medically necessary the subsequent request for Biofeedback is also not medically necessary because it is not recommended as a stand- alone treatment.