

<b>Case Number:</b>	CM13-0070258		
<b>Date Assigned:</b>	04/02/2014	<b>Date of Injury:</b>	09/29/2011
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 Psychology 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 43-year-old female who reported an injury on 09/29/2011. The mechanism of injury was not stated. The injured worker is diagnosed with lumbar degenerative disc disease, chronic low back pain, lumbar discogenic pain, lower extremity paresthesia, depression, cervical pain, right arm paresthesia, right shoulder pain, cervical retrolisthesis, right supraspinatus tendinosis, biceps tenosynovitis, osteoarthropathy of the AC joint on the right, and right subacromial bursitis with glenohumeral joint effusion. The injured worker was evaluated on 10/16/2013. The injured worker reported severe pain in the right shoulder, neck, and right arm. Physical examination revealed decreased range of motion, paraspinal tenderness, tenderness in the right intrascapular area, decreased range of motion of the cervical spine, 2+ lower extremity reflexes, and 5/5 motor strength in bilateral lower extremities. It was also noted that the injured worker scored a 25 on the injured worker health questionnaire, indicating severe depression. The injured worker was previously seen by a clinical psychologist in 02/2013. The injured worker was then diagnosed with depressive related disorder. Treatment recommendations included 10 cognitive behavioral therapy sessions with 8 to 12 biofeedback training sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **10 VISITS FOR COGNITIVE BEHAVIORAL TRAINING (CBT): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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

**Decision rationale:** California MTUS Guidelines utilize Official Disability Guidelines, Cognitive Behavioral Therapy Guidelines which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. The current request for 10 sessions of cognitive behavioral therapy greatly exceeds guideline recommendations. Therefore, the request is not medically appropriate. As such, the request is non-certified.

**12 BIOFEEDBACK TRAINING VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

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

**Decision rationale:** California MTUS Guidelines state biofeedback is not recommended as a standalone treatment, but recommended as an option in a cognitive behavioral therapy program. California MTUS Guidelines utilize Official Disability Guidelines biofeedback therapy guidelines which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. As the injured worker's cognitive behavioral therapy has not been authorized, the current request is also not medically necessary. The request for 12 biofeedback training visits greatly exceeds guideline recommendations. Based on the clinical information received and California MTUS Guidelines, the request is non-certified.