

<b>Case Number:</b>	CM13-0072404		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/21/2010
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 licensed in 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:

The injured worker is a 51 year-old female with a date of injury of 1/21/10. The injured worker sustained orthopedic injuries to her back, right hip and lower extremities when she slipped and fell while working. In a progress report dated 11/4/13 the injured worker is diagnosed with: (1) Depressive disorder NOS with anxiety, post-traumatic reaction and panic attacks; and (2) Psychological factors affecting medical condition (stress-intensified headache, TMJ syndrome, teeth grinding, hair loss, neck/shoulder/back muscle tension/pain, nausea, shortness of breath, chest pain, palpitations, peptic acid reaction, abdominal pain/cramping, alternating constipation/diarrhea, and possible stress-aggravated asthma). It is the injured worker's psychiatric diagnoses that are most relevant to this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COGNITIVE BEHAVIORAL PSYCHOTHERAPY X13 SESSIONS OVER 3 MONTHS ON AN AS-NEEDED BASIS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Mental Illness and Stress Chapter. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG).

**Decision rationale:** Based on the review of the medical records, the injured worker has completed an initial 6 sessions of CBT and 6 biofeedback sessions. According to the treating physician's Follow-up Evaluation and Report dated 11/13/13, the injured worker reported that the treatment helped her with her depression, anxiety, panic and insomnia. These improvements led to better emotional energy levels, better concentration and more socialization leading to improvements in her daily activities. It was further noted that the injured worker reported a reduction in depressive symptoms because she was better able to control her anxiety. The treatment provided her with tools to use when anxiety or panic attacks arose. Improvements in social functioning were also reported. This report supports the need for additional sessions. The ODG recommends an initial trial of 6 visits over 6 weeks and with evidence of objective function improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions) may be necessary. Given that the injured worker has been able to demonstrate progress and improvement from the initial 6 sessions, a request for an additional 13 visits is medically necessary.

**BIOFEEDBACK X4 OVER 3 MONTHS ON AN AS-NEEDED BASIS:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG).

**Decision rationale:** Based on the review of the medical records, the injured worker has completed an initial 6 sessions of CBT and 6 biofeedback sessions. According to the treating physician's Follow-up Evaluation and Report dated 11/13/13, the injured worker reported that the treatment helped her with her depression, anxiety, panic and insomnia. These improvements led to better emotional energy levels, better concentration and more socialization leading to improvements in her daily activities. It was further noted that the injured worker reported a reduction in depressive symptoms because she was better able to control her anxiety. The treatment provided her with tools to use when anxiety or panic attacks arose. Improvements in social functioning were also reported. This report supports the need for additional sessions. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) may be necessary. Given that the injured worker has only completed 6 biofeedback sessions and progress has been demonstrated, an additional 4 sessions is within the recommended guidelines for total number of sessions. As a result, the request is medically necessary.