

<b>Case Number:</b>	CM14-0100868		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/26/2012
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 58 year old female was reportedly injured on April 26, 2012. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated May 29, 2014, indicates that there are ongoing complaints of neck pain and bilateral shoulder pain. Current medications include Butrans patches, Orphenadrine, and Quazepam. The physical examination demonstrated decreased cervical spine range of motion, tenderness along the trapezius muscles, decreased sensation over the left medial and lateral forearm, and muscle strength of 4/5 with the left biceps and triceps. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes acupuncture and home exercise. A request was made for twelve sessions of cognitive behavioral therapy and six sessions of biofeedback and was not certified in the preauthorization process on June 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy times 12 sessions.:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress, Cognitive Behavioral Therapy, Updated June 12, 2014.

**Decision rationale:** According to the medical record, the injured employee has previously had a psychological evaluation which resulted in a diagnosis of moderate major depression and anxiety disorder. According to the Official Disability Guidelines (ODG) cognitive therapy is recommended treatment for depression for up to 3220 visits if progress is being made. Considering this, the request for twelve sessions of cognitive behavioral therapy is medically necessary.

**Biofeedback times 6 sessions.:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Biofeedback, Updated July 10, 2014.

**Decision rationale:** According to the Official Disability Guidelines, biofeedback is not recommended as a stand alone treatment but as an option with cognitive behavioral therapy and can be considered in conjunction with cognitive behavioral therapy after four weeks of an initial trial of psychotherapy with evidence of objective functional improvement. As the injured employee has yet to participate in cognitive behavioral therapy, this request for six sessions of biofeedback is not medically necessary.