

<b>Case Number:</b>	CM14-0013355		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/03/2006
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 patient is a 63-year-old female who sustained a work-related injury on 12/12/05 involving her right shoulder and right upper extremity, which occurred when she tripped on loose bricks. An additional date of injury was noted to be 7/3/2006 involving her hands, back, left hip and knees which occurred when she stepped in a pothole causing her to fall. She had a right total knee arthroplasty on 3/18/2013 and had an emergency admission for atrial fibrillation. On 8/26/2013, she reported continued pain in the lower back, hands and wrists, stiffness in her right shoulder, and slight pain in the left knee, constant pain in the medial aspect of the right ankle that radiated to the arch of her right foot, and headaches. On 10/10/2013, the patient was diagnosed with depressive disorder not otherwise specified, pain disorder associated with both psychological factors and a general medical condition, psychological factors affecting medical condition, primary insomnia, female hypoactive sexual desire disorder due to general medical condition, nicotine dependence, early remission, and was given a GAF of 54.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COGNITIVE BEHAVIORAL PSYCHOTHERAPY, 6 SESSIONS OVER THREE MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
**MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL TREATMENT.**

Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Mental Illness & Stress Procedure Summary, updated 1/13/2014, ODG Psychotherapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BEHAVIORAL INTERVENTIONS Page(s): 23. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BEHAVIORAL INTERVENTIONS, 23

**Decision rationale:** The available medical records indicate the patient has had extensive psychotherapy treatment, including at least 6 sessions of biofeedback, at least 10 sessions of individual psychotherapy, and at least 29 sessions of group psychotherapy, administered over the course of several years, spanning at least from 7/21/2010 through 7/3/2013. Additionally, on 10/10/2013, it was noted the patient was receiving individual psychotherapy two times per month. On 12/31/2013, it was reported that the patient had an initial course of psychotherapy but was not treated since 7/13, causing her emotional condition to worsen. It was additionally stated that with the stoppage of treatment caused her depression, anxiety, panic, insomnia, daily activities, concentration, socializing and energy level to deteriorate. The records indicate the patient was likely receiving psychological treatment during this time, apparently having little to no effect on her psychiatric condition. On 2/23/2011, the patient was assigned a GAF of 58. In 2012 and on 10/10/2013, she was assigned a GAF of 54. There is no evidence of objective functional improvement or symptom relief as a result of the treatment provided thus far. The request is not medically necessary and appropriate.

**6 SESSIONS OF BIOFEEDBACK OVER THREE MONTHS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BIOFEEDBACK,. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Mental Illness & Stress Procedure Summary, Biofeedback Therapy Guidelines.

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

**Decision rationale:** The available medical records indicate the patient has had extensive psychotherapy treatment, including at least 6 sessions of biofeedback, at least 10 sessions of individual psychotherapy, and at least 29 sessions of group psychotherapy, administered over the course of several years, spanning at least from 7/21/2010 through 7/3/2013. Additionally, on 10/10/2013, it was noted the patient was receiving individual psychotherapy two times per month. On 12/31/2013, it was reported that the patient had an initial course of psychotherapy but was not treated since 7/13, causing her emotional condition to worsen. It was additionally stated that with the stoppage of treatment caused her depression, anxiety, panic, insomnia, daily activities, concentration, socializing and energy level to deteriorate. The records indicate the patient was likely receiving psychological treatment during this time, apparently having little to no effect on her psychiatric condition. On 2/23/2011, the patient was assigned a GAF of 58. In 2012 and on 10/10/2013, she was assigned a GAF of 54. There is no evidence of objective

functional improvement or symptom relief as a result of the treatment provided thus far. The request is not medically necessary and appropriate.