

<b>Case Number:</b>	CM14-0113294		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	08/23/2009
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 claimant is a 52 year-old female [REDACTED] with a date of injury of 8/23/09. The claimant sustained injury to her tailbone, bilateral elbows, lower arms down to the wrists, and front teeth when she slipped and fell while working as a liaison for [REDACTED]. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In the "Initial Psychological Evaluation" dated 5/8/14, provider diagnosed the claimant with Depressive disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psycho-education group protocol:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 103.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, Page(s): 23,44-45.

**Decision rationale:** The CA MTUS guidelines regarding the use of behavioral interventions as well as education in the treatment of chronic pain will be used as reference for this case. Based on the review of the limited medical records submitted, the claimant has developed psychiatric symptoms of depression secondary to her chronic pain. She was evaluated by her provider in May 2014 and the request under review is for initial treatment. Although psychoeducation is

recommended in the treatment of chronic pain, the request for "Psycho-education Group Protocol" remains too vague as it does not indicate how many sessions are being requested nor the frequency for which the group sessions are to occur. As a result, the request for "Psycho-education Group Protocol" is not medically necessary.

**Biofeedback training sessions 8-12:** Upheld

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

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

**Decision rationale:** The CA MTUS guideline regarding the use of biofeedback will be used as reference for this case. Based on the review of the limited medical records submitted, the claimant has developed psychiatric symptoms of depression secondary to her chronic pain. She was evaluated her provider in May 2014 and the request under review is for initial treatment. The CA MTUS recommends biofeedback in conjunction with cognitive behavioral therapy (CBT) psychotherapy sessions. It is recommended that there be an initial trial of 3-4 sessions over two weeks. Given this guideline, the request for "Biofeedback training sessions 8-12" exceeds the recommended number of initial sessions and is therefore, not medically necessary. It is noted that the claimant received a modified authorization for 4 biofeedback sessions in response to this request.