

<b>Case Number:</b>	CM14-0156850		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	04/20/2011
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 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 46-year-old female (██████████) with a date of injury of 4/20/11. The claimant sustained injury to her neck and left extremity during the course of her usual and customary work as a customer service representative for ██████████. In his "Visit Note" dated 6/12/14, ██████████ diagnosed the claimant with: (1) Cervicalgia; (2) Lateral epicondylitis; (3) Reflex sympathetic dystrophy of upper limb; and (4) Sciatica. The claimant has been treated with medications, chiropractic, injections, physical therapy, and a functional restoration program. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. It is noted that the claimant completed a psychological evaluation in March 2014 in preparation for her participation in the FRP. In their report, ██████████ and ██████████ diagnosed the claimant with: (1) Pain disorder associated with a general medical condition and psychological factors; (2) Major depressive disorder, single episode, severe; (3) Panic disorder without agoraphobia; and (4) Opioid abuse with psychological dependence.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Cognitive Behavioral Therapy for 6 sessions, and biofeedback for 6 sessions:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

[www.acoempracticeguides.org/chronicpain;table2,summary of recommendation, chronic pain disorders](http://www.acoempracticeguides.org/chronicpain;table2,summary%20of%20recommendation,%20chronic%20pain%20disorders)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter Cognitive therapy for depression Recommended. Cognitive behavior therapy for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. Cognitive behavior therapy fared as well as antidepressant medication with severely depressed outpatients in four major comparisons. Effects may be longer lasting (80% relapse rate with antidepressants versus 25% with psych.)

**Decision rationale:** The CA MTUS guidelines regarding the use of biofeedback as well as the Official Disability Guideline regarding the use of cognitive therapy in the treatment of depression will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic pain from her work-related injury in April 2011. In his "Visit Note" dated 6/12/14, [REDACTED] indicated that the claimant completed a functional restoration program in May 2014. At that time, it was recommended that the claimant complete 6 sessions of CBT and 6 sessions of biofeedback "in order to assist her decreasing levels of depression." The note further states, "The purpose of these sessions is to monitor patient's progress after the program and also to maintain the patient's functional gains achieved during the program." Additionally, in his "Utilization Review Appeal Letter" dated 9/18/14, [REDACTED] reported that the claimant "is experiencing moderate to severe symptoms of depression. She reports sadness, low mood, and tearfulness during the day. She has lost interest in things she used to enjoy in the past and she reports experiencing poor motivation, unable to socialize or do activities outside her house." He further indicated that the claimant's "anxiety levels are to be considered as well, she reports constantly worrying about different things, she reports muscle tension, headaches almost every day, irritability, concentration issues and experiencing low energy almost every day." The claimant completed a psychological evaluation in March 2014 as part of her participation in the FRP and completed the program in May 2014. As part of continuity of care following her discharge from the FRP, follow-up psychological services appear appropriate. As a result, the request for (12) Cognitive Behavioral Therapy for 6 sessions, and biofeedback for 6 sessions" is medically necessary.