

<b>Case Number:</b>	CM14-0175338		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	02/09/2009
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 37 year-old female [REDACTED] with a date of injury of 2/9/09. The claimant sustained injury to her right upper extremity when she used her arm to brace a large dog from falling while working as a registered veterinarian technician for [REDACTED]. It is reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic injuries. In her "Comprehensive Psychological Re-Evaluation" dated 7/20/14, [REDACTED] diagnosed the claimant with: (1) Posttraumatic stress disorder; (2) Pain disorder associated with both psychological factors and a general medical condition; (3) Major depressive disorder, recurrent, severe; and (4) Social anxiety disorder. Additionally, in his "Psychological Consultation Report" dated 9/15/14, [REDACTED] notes symptoms of depression and anxiety including "sleep disturbance, hopelessness, sadness, crying spells, and feelings of guilt." He diagnosed the claimant with: (1) Pain disorder associated with both psychological factors and a general medical condition; (2) Depressive disorder, NOS; and (3) Rule outs of Major depressive disorder, Somatization disorder, and Posttraumatic stress disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy 6 units:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine:

ACOEM, Occupational Medical Practice Guidelines, Second Edition (2004), Stress Related page 398-404

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Therapy for Depression, and the ODG; Psychotherapy Guidelines

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore; the Official Disability Guideline regarding the cognitive treatment of depression will be used as reference. In her "Comprehensive Psychological Re-Evaluation" dated 7/20/14, [REDACTED] indicates that the claimant "is requesting continued treatment with [REDACTED] in [REDACTED], with whom she developed a good rapport and finds his treatment to be beneficial." There were no records from [REDACTED] included for review, so it is unclear as to what types of services and how many were completed. It is also not clear as to why the claimant completed an initial consultation with [REDACTED] in September 2014 if she had been receiving prior treatment. Despite this, the claimant continues to experience chronic pain since her injury in February 2009. She also experiences symptoms of depression and anxiety based on both [REDACTED] and [REDACTED] reports. [REDACTED] offers relevant information to support the need for follow-up services. The ODG recommends an "initial trial of 6 visits over 6 weeks." Given this guideline, the request for initial "Psychotherapy 6 units" is appropriate and medically necessary.

**Biofeedback 6 units:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Biofeedback Therapy.

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

**Decision rationale:** The CA MTUS regarding the use of biofeedback in the treatment of chronic pain will be used as reference for this case. In her "Comprehensive Psychological Re-Evaluation" dated 7/20/14, [REDACTED] indicates that the claimant "is requesting continued treatment with [REDACTED], with whom she developed a good rapport and finds his treatment to be beneficial." There were no records from [REDACTED] included for review, so it is unclear as to what types of services and how many were completed. It is also not clear as to why the claimant completed an initial consultation with [REDACTED] in September 2014 if she had been receiving prior treatment. Despite this, the claimant continues to experience chronic pain since her injury in February 2009. She also experiences symptoms of depression and anxiety based on both [REDACTED] reports. [REDACTED] offers relevant information to support the need for follow-up services. However, the CA MTUS recommends an "initial trial of 3-4 visits over 2 weeks" and "with evidence of objective functional improvement, total of 6-10 visits over 5-6 weeks" may be necessary. As a result, the request for "Biofeedback 6 units" exceeds the recommendations and is therefore, not medically necessary.

