

<b>Case Number:</b>	CM14-0022638		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	10/12/2012
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Psychologist and is licensed to practice in Texas. 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 injured worker is a 28 year old female with a reported injury on 10/12/2012. The mechanism of injury was not provided. The injured worker had an examination on 08/13/2013 with complaints of sadness, anxiety and sleep problems. The list of her medications was not provided. The recommended plan of treatment was individual and group therapy. On 08/13/2013 the injured worker had a psychological evaluation with complaints of pain of 5/10 in her head, back, neck, shoulder blades, right leg and right foot. The injured worker expressed depression and anxiety. The examination revealed her beck depression inventory score at a 36, which as in the severe range of depression. Her beck anxiety inventory score was 42, which was suggestive of a severe anxious state. There was not a fear avoidance questionnaire provided. Here diagnoses consisted of episode of mental/clinical disorder, major depression, anxiety disorder, panic disorder, sleep disorder due to medical condition and pain disorder, The recommended plan of treatment is six cognitive behavioral therapy session over two months. The request for authorization was provided but was not signed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bio feedback times (6) sessions over (2) months:** Upheld

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

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

**Decision rationale:** The request for biofeedback times six sessions for two months is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend biofeedback treatment on a highly motivated, self-disciplined patient. The injured worker had a psychological evaluation on 08/13/2013 at which she made the comment I feel depressed because I'd rather be at home than going out at all. The examination showed that the injured worker had feelings of sadness, fatigue, low self-esteem, apathy, a sense of hopelessness, a loss of pleasure in participating in usual activities, social avoidance, a lack of motivation, loss of interest in sex, sleep disturbance, appetite change, feelings of emptiness and crying episodes. There is lack of motivation and self-discipline documented. The guidelines recommend the initial trial of 3-4 visits over 2 weeks. The requested amount of 6 visits over 2 months exceeds the recommendation. Therefore, the request for biofeedback is not medically necessary.

**Cognitive behavioral therapy (CBT) times (6) sessions over (2) months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions Page(s): 23.

**Decision rationale:** The request for cognitive behavior therapy six sessions over two months is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend screening for patients with risk factors to include the fear avoidance beliefs questionnaire. There was lack of evidence of a fear avoidance beliefs questionnaire. The guidelines also recommend initial trial of 3-4 psychotherapy visits over 2 weeks. The request for 6 visits over 2 months exceeds the recommended amount. Therefore, the request is not medically necessary.