

<b>Case Number:</b>	CM14-0024865		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/03/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Occupational Medicine 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:

This is a 55-year-old male patient with a 12/13/13 date of injury. The type of injury was reported as psychological injury due to "negative interactions" with his immediate supervisor. The psychologist report on 2/4/14 included the patient's complaints of anxiety, worry, frustration, fear, apathy and a single episode panic attack. He had coped by engaging in leisure activities and exercise, preparing for unemployment and maintaining a routine each day. He reported averaging 4 to 6 hours of sleep per night. Physical complaints were hip and knee pain, and arthritis in shoulders and joints. The patient does report that his mood and sleep problems had improved since being off work for him to be returned to his job at that time. The evaluating psychologist cleared the patient to return to work as of 1/27/14 to his usual position, but direct contact with his supervisor was prohibited for the first 30 days. Objective exam: patient was oriented, well-groomed, cooperative, exhibiting normal but pressured speech. His affect and thought processes were normal with intact attention, memory, judgment, and impulse control. His insight was rated as poor. The MMPI results were of questionable validity, but indicating mild levels of depression and mood swings and an over-reliance on passive aggressive defenses. Other self-administered psychiatric tests concur and indicate the tendency to somaticize negative emotions. Diagnostic impression: Adjustment Disorder with Anxiety, Occupational Problem, No Personality Disorder Indicated. Treatment to date: medication management. A UR decision dated 2/12/14 denied the request for CBT X4 visits, Biofeedback X4 visits (stress/anxiety) on the basis of lack of clarity as how it could be useful.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CBT X 4 VISITS, BIOFEEDBACK X 4 VISITS ( STRESS / ANXIETY): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, Chronic Pain Treatment Guidelines Page(s): 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines.

**Decision rationale:** CA MTUS, ACOEM guidelines state "that Cognitive behavior therapy (CBT) for depression is recommended based on meta-analyses that compare its use with pharmaceuticals. For panic disorder, cognitive behavior therapy is more effective and more cost-effective than medication. An Initial trial of up to 6 visits over 6 weeks is recommended as per guidelines." CA MTUS states that biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Initial trial of 3-4 psychotherapy visits should be done over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. In this case, the patient was to return to work and avoid contact with the direct supervisor for the initial 30 days. Cognitive behavior therapy could be supportive as the patient transitions back to interaction with his direct supervisor. However, this request is for 4 sessions of both CBT and biofeedback, for a total of 8 sessions. The guidelines only support an initial trial of 6 sessions to establish efficacy. In addition, this patient is already attending psychotherapy sessions, and it is unclear how many sessions the patient has already had. Therefore, the request for CBT X4 visits, biofeedback X4 visits (stress/anxiety) was not medically necessary.