

<b>Case Number:</b>	CM14-0032846		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/21/1998
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 51 year-old female [REDACTED] with a date of injury of 5/21/98. The claimant sustained cumulative trauma involving headaches, neck pain, low back pain, stomach pain, stress, depression, and anxiety as the result of workplace harrassment while working as a secretary for the [REDACTED]. In a "Treating Psychologist's Updated Permanent and Stationary Report with Psychological Test Results" dated 6/10/14, [REDACTED] diagnosed the claimant with: (1) Major depressive disorder, single episode, unspecified; (2) Generalized anxiety disorder; and (3) Psychological factors affecting medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**7 sessions of cognitive behavior psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment and ODG Cognitive Behavioral Therapy Guidelines. Decision based on Non-MTUS Citation ODG-TWC Mental Illness & Stress Procedure Summary last updated 01/13/2014, ODG Psychotherapy Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) MENTAL ILLNESS CHAPTER.

**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 for this case. Based on the review of the medical records, the claimant has received psychological and psychiatric services since 2000. The exact number of services to date is unknown. Most recently, the claimant completed approximately 19 CBT (Cognitive Behavioral Therapy) sessions with MFT, [REDACTED], and 3 biofeedback sessions with Biofeedback Therapist, [REDACTED]. The ODG indicates that for the treatment of depression, there is to be an "initial trial of 6 visits over 6 weeks" and "with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions)" may be necessary. Since the claimant has already completed 19 CBT psychotherapy sessions, the request for an additional 7 sessions exceeds the total number of 20 sessions set forth by the ODG. As a result, the request for "7 sessions of cognitive behavior psychotherapy" is not medically necessary.

**11 sessions of biofeedback:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Biofeedback, pages 24-25 and ODG Biofeedback Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback ( CA MTUS 2009)(pages 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 medical records, the claimant has received psychological and psychiatric services since 2000. The exact number of services to date is unknown. Most recently, the claimant completed approximately 19 CBT (Cognitive Behavioral Therapy) sessions with MFT, [REDACTED], and 3 biofeedback sessions with Biofeedback Therapist, [REDACTED]. The CA MTUS indicates that the use of biofeedback is recommended in conjunction with CBT (Cognitive Behavioral Therapy). The guideline states that there is to be an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" may be necessary. It is further recommended that "patients may continue biofeedback exercises at home." Since the claimant has already completed 3 biofeedback sessions, the request for an additional 11 sessions exceeds the total number of 10 sessions set forth by the CA MTUS. As a result, the request for "Eleven (11) sessions of biofeedback" is not medically necessary.