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| <b>Case Number:</b>   | CM14-0039308 |                              |            |
| <b>Date Assigned:</b> | 06/27/2014   | <b>Date of Injury:</b>       | 03/14/2007 |
| <b>Decision Date:</b> | 07/28/2014   | <b>UR Denial Date:</b>       | 02/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/03/2014 |

### 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 3/14/07. The claimant sustained multiple orthopedic injuries while working for [REDACTED]. The mechanism of injury was not found in the supplied medical records. In his PR-2 report dated 4/10/14, [REDACTED] diagnosed the claimant with: (1) Re-tear, left medical meniscus; (2) Sprain left ankle; and (3) Probable bilateral rotator cuff tears. It is also reported that the claimant has developed psychiatric symptoms secondary to her work-related orthopedic injuries. In his 5/12/14 "Psychological Progress Report", [REDACTED] diagnosed the claimant with Depressive disorder NOS and Pain disorder associated with both psychological factors and a general medical condition.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional Psychotherapy Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Behavioral Therapy (CBT) guidelines for chronic pain.

**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 and Stress Chapter.

**Decision rationale:** Based on the medical records provided for review, the claimant has been receiving psychological services for approximately 2.5 years with inconsistent progress. It is unknown exactly how many sessions have been completed to date. In the most recent PR-2 report dated 5/12/14, it was indicated that "functional improvement was evidenced by her setting more adaptive goals for herself, such as learning to concentrate, learning to communicate effectively with her new doctor, and becoming more comfortable making a decision about which doctor she should choose in the near future". Given that the claimant has already received a great deal of services with inconsistent progress, the request for an additional 6 sessions does not appear reasonable. As a result, the request for "6 Additional Psychotherapy Sessions" is not medically necessary.

**6 Additional Psychophysiological Therapy Sessions (biofeedback): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 70, Chronic Pain Treatment Guidelines Chronic Pain, Biofeedback.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback ( CA MTUS 2009) Page(s): 24-25.

**Decision rationale:** Based on the medical records provided for review, it appears that the claimant has already completed 10 biofeedback sessions. The MTUS Chronic Pain Guidelines indicates that biofeedback is to be used in conjunction with psychotherapy and that there should 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 further states that "patients may continue biofeedback exercises at home". Given that the claimant has already completed 10 sessions of biofeedback, an additional 6 sessions exceeds the total number of sessions set forth by the MTUS Chronic Pain Guidelines. As a result, the request is not medically necessary.