

<b>Case Number:</b>	CM14-0073727		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/14/2002
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Child & Adolescent Psychiatry 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 injured worker is a 51 year old male who suffered an injury on 10/14/2002. He was working as a stagehand, and a 600 pound piece of equipment fell on him. He sustained crush injuries to his neck vertebra, as well as an injury when his left hand and wrist were bent back in an attempt to shield himself from the impact. The injured worker underwent surgery for his left shoulder and left wrist, and later an anterior neck fusion in 2012. The injured worker subsequently complained of chronic neck pain, and secondary depressed mood. Prescribed medications included Lyrica, Cymbalta and Lexapro. In addition to receiving psychotropic medications, the injured has undergone several years of regular individual psychotherapy sessions, which have included more than ten sessions of biofeedback treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 4 sessions of psychotherapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 and Stress Psychotherapy.

**Decision rationale:** MTUS not applicable. The ODG for psychotherapy indicate that for individuals with depression and anxiety related to pain, there is strong medical literature in support of the efficacy for a trial of cognitive behavioral therapy (CBT). Studies have shown that a course of CBT can be as effective as medication treatment in alleviating depression symptoms. An initial trial of six sessions is recommended, which if there has been documented clinical evidence of symptomatic improvement, then additional sessions up to a maximum of 20 can be appropriate. The documentation provided indicates that the injured worker has already undertaken more than 20 sessions of CBT. The treating physician's progress report dated 4/11/14 documented the injured worker had decreased symptoms of anxiety and depression, which had gone down from severe to moderate in intensity. There was a history of suicidal ideation, but none in the recent six months. In the absence of any symptomatic deterioration, and given that the injured worker has already undergone more than the 20 session recommended maximum with documented positive clinical results, there is then no compelling rationale for any additional sessions. Therefore, the request for 4 sessions of psychotherapy is not medically necessary.

**Prospective request for 4 sessions of biofeedback:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 399-400. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 and Stress Biofeedback.

**Decision rationale:** MMTUS Chronic Pain Guidelines indicate that biofeedback can be a useful remedy when it is used as an adjunct to psychotherapy treatment, in alleviating pain symptoms. It is also useful to help facilitate exercise treatment and enable faster return to functionality for work. The ODG recommends an initial trial of up to four sessions of biofeedback combined with psychotherapy over two weeks, followed by additional sessions up to a recommended maximum of 10 over 6 weeks, if there is documented clinical evidence of symptomatic improvement. The documents indicate that the injured worker has already had more than 10 sessions of biofeedback treatment. The injured worker has significant symptoms of depression which have improved significantly with the treatment previously undertaken. There is therefore no compelling clinical rationale for any additional sessions. Therefore, the request for four sessions of biofeedback is not medically necessary.