

<b>Case Number:</b>	CM14-0083671		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	03/14/2007
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 46 year-old female [REDACTED] with a date of injury of 3/14/07. The claimant sustained injury to her wrists, left ankle, left knee; bilateral thumbs, right hand, and left lower arm while working as a Para educator for the [REDACTED]. In his 2/7/14 PR-2 report, primary treating physician, [REDACTED], diagnosed the claimant with: (1) Re-tear, left medial meniscus; (2) Sprain left ankle; and (3) Probable bilateral rotator cuff tears. It is also reported that the claimant developed psychiatric symptoms secondary to her work-related orthopedic symptoms. In his many Psychological Status Reports, treating psychologist, [REDACTED] diagnosed the claimant with: (1) Depressive disorder, NOS; and (2) Pain disorder associated with both psychological factors and a general medical condition. This diagnosis is supported by [REDACTED] in his 8/9/13 AME Psychological Reevaluation. The claimant has been receiving psychological services since early 2011.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **3 Sessions of psychotherapy:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy Guidelines Cognitive Behavior Therapy (CBT).

**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 and on Other Medical Treatment Guidelines or Medical Evidence:APA Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, Third Edition (2010).

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in March 2007. She also continues to experience symptoms of depression. She has been participating in psychological services with [REDACTED] since early 2011. It appears that she was receiving both psychotherapy and biofeedback sessions biweekly up until the end of 2013. At that time, [REDACTED] suggested transitioning services to every 3 weeks for maintenance. The APA Practice Guideline regarding treating patients with Major Depressive Disorder indicates that for many patients, particularly for those with chronic and recurrent major depressive disorder or co-occurring medical and/or psychiatric disorders, some form of maintenance treatment will be required indefinitely. It also recommends that if a depression-focused psychotherapy has been used during the acute and continuation phases of treatment, maintenance treatment should be considered, with a reduced frequency of sessions. Given this information, reducing the claimant's services to monthly would be appropriate with additional sessions allowing for this transition. As a result, the request for 3 Sessions of psychotherapy appears reasonable and medically necessary.

**3 Sessions of psychophysiological therapy (biofeedback): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavior Therapy (CBT) and on the Official Disability Guidelines: Biofeedback therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 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 continues to experience chronic pain since her injury in March 2007. She also continues to experience symptoms of depression. She has been participating in psychological services with [REDACTED] since early 2011. It appears that she was receiving both psychotherapy and biofeedback sessions biweekly up until the end of 2013. At that time, [REDACTED] suggested transitioning services to every 3 weeks for maintenance. The CA MTUS suggests a total of up to 10 biofeedback sessions. It further indicates that biofeedback exercises can be done at home as follow-up. Given the amount of biofeedback that the claimant has already received, the request for addition sessions appears excessive. As a result, the request for 3 Sessions of psychophysiological therapy (biofeedback) is not medically necessary.

**1 60 Minute session of psychotherapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Psychotherapy Guidelines Cognitive Behavior Therapy (CBT).

**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 and on Other Medical Treatment Guidelines or Medical Evidence: APA Practice Guidelines for the Treatment of Patients with Major Depressive Disorder, Third Edition (2010).

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline regarding the cognitive treatment of depression and the APA Practice Guideline for the Treatment of Patients with Major Depressive Disorder will be used as references for this case. Based on the review of the medical records, the claimant continues to experience chronic pain since her injury in March 2007. She also continues to experience symptoms of depression. She has been participating in psychological services with [REDACTED] since early 2011. It appears that she was receiving both psychotherapy and biofeedback sessions biweekly up until the end of 2013. At that time, [REDACTED] suggested transitioning services to every 3 weeks for maintenance. The APA Practice Guideline regarding treating patients with Major Depressive Disorder indicates that for many patients, particularly for those with chronic and recurrent major depressive disorder or co-occurring medical and/or psychiatric disorders, some form of maintenance treatment will be required indefinitely. It also recommends that if a depression-focused psychotherapy has been used during the acute and continuation phases of treatment, maintenance treatment should be considered, with a reduced frequency of sessions. Despite this information, the request under review appears redundant to another request regarding psychotherapy sessions. Due to the redundant nature, the request for 1 60 Minute session of psychotherapy is not medically necessary.