

<b>Case Number:</b>	CM14-0190319		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	08/06/2009
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 injured worker is a 58 year-old male [REDACTED] with a date of injury of 8/6/09. The injured worker sustained injuries to his back with pain radiating to his hips and legs while working as a [REDACTED]. In her PR-2 report dated 10/27/14, [REDACTED] offered the following diagnostic impression: (1) Post lumbar laminectomy syndrome; (2) Lumbar stenosis with multilevel degenerative disc disease; (3) Myofascial pain syndrome; (4) Chronic pain syndrome; and Degenerative arthritis right knee. The injured worker has been treated with physical therapy, epidural injections, trigger point injections, acupuncture, chiropractic, medications, and surgery. It is also reported that the injured worker developed psychiatric symptoms secondary to his work-related orthopedic injuries. He began psychotherapy and biofeedback sessions with psychologist, [REDACTED] in March 2013. He has completed a total of 22 CBT and biofeedback sessions since that time. In his "Cognitive-Behavioral Therapy (CBT) Report" dated 9/26/14, [REDACTED] diagnosed the injured worker with: (1) Coping deficits affecting med condition; (2) Depressive disorder; (3) Major depression; (4) PTSD; (5) Anxiety disorder; and (6) Cognitive disorder. The requests under review are for an additional 6 CBT sessions and 6 biofeedback sessions in addition to a referral back to [REDACTED].

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six additional cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Psychotherapy Guidelines.

**Decision rationale:** The CA MTUS does not address the treatment of depression therefore, the Official Disability Guideline will be used as reference for this case. Based on the review of the medical records, the injured worker began receiving psychological services including both CBT and biofeedback sessions from [REDACTED] in March 2013 for a total of 22 sessions of each modality. The ODG recommends a total of up to "13-20 visits" for the cognitive treatment of depression. Given the fact that the injured worker has already exceeded the recommended number of CBT sessions and is no longer demonstrating significant improvements, the need for an additional 6 sessions is not substantiated. As a result, the request for "Six additional cognitive behavioral therapy sessions" is not medically necessary.

**Six biofeedback treatments:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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 injured worker began receiving psychological services including both CBT and biofeedback sessions from [REDACTED] in March 2013 for a total of 22 sessions of each modality. The CA MTUS recommends a total of up to "6-10 visits" with continued biofeedback exercises to be done at home. Given the fact that the injured worker has already exceeded the recommended number of biofeedback sessions by 12 sessions, the need for an additional 6 sessions is not substantiated. As a result, the request for an additional "Six biofeedback treatments" is not medically necessary.

**One referral to a pain psychologist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

**Decision rationale:** The CA MTUS guideline regarding psychological evaluations will be used as reference for this case. Based on the review of the medical records, the injured worker began receiving psychological services including both CBT and biofeedback sessions from [REDACTED]

in March 2013 for a total of 22 sessions of each modality. The most recent report from [REDACTED] is dated September 2014. It appears that [REDACTED] did not realize that the injured worker had continued services with [REDACTED] when she made the request. In her report from October 2014, [REDACTED] indicated that the injured worker had stopped services in February, which is not accurate. Since the injured worker has remained a consistent patient of [REDACTED] a referral back to him is not needed. As a result, the request for "One referral to a pain psychologist" is not medically necessary.