

<b>Case Number:</b>	CM15-0108091		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 66 year old female, who sustained an industrial injury on 01/22/2014 involving an injury resulting in headaches, nausea, vomiting, blurred vision and neck pain with no loss of consciousness. She was diagnosed with post-traumatic cephalgia and vertigo, insomnia, major depressive disorder single episode moderate, generalized anxiety disorder, and pain disorder with psychological factors affecting physical condition. Treatments to date have included physical therapy, cognitive behavioral therapy, biofeedback and medication. A QME of 04/17/2015 noted that the injured worker complains of headaches and neck pain radiating to left shoulder and arm. She reports falling X2 in the last 4 months and now ambulates with a cane due to increased dizziness and balance issues, and feels her vision is getting worse. It was noted that on 10/22/14 the patient was referred for 6 CBT with 6 biofeedback sessions. UR of 05/12/15 showed that she had used 3 of 4 CBT sessions with benefit of decreased Beck Depression Inventory from 25 to 13 (mild). The request was denied however as this score was not found in records provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy for 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23 of 127.

**Decision rationale:** CBT is recommended to help develop coping skills, and after an initial trial of 3-4 if objective functional improvement is evidenced then additional sessions may be approved. Although BDI was reported as 13 in UR of 05/12/15, there is no report showing this and no psychology progress reports provided for review. Therefore, this request is not medically necessary.

**Biofeedback for 8 Sessions:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25 of 127.

**Decision rationale:** Biofeedback is not recommended as a standalone treatment. Biofeedback would be part of a CBT (Cognitive Behavioral Therapy) program. Given that CBT was determined not medically necessary, this request for biofeedback is also not medically necessary.