

<b>Case Number:</b>	CM15-0141799		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	05/13/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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, Arizona,  
Maryland Certification(s)/Specialty: 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 33 year old female who sustained an industrial injury on 05-13-13. Initial complaints and diagnoses are not available. Treatments to date include psychological counseling and medications. Diagnostic studies are not addressed. Current complaints include low back, left knee, and right shoulder pain, neck tension and pain, and headaches. Current diagnoses include disorder of the shoulder and lumbar spondylosis with myelopathy. In a progress note dated 06-09-15 the treating provider reports the plan of care as Cognitive Behavioral Therapy and biofeedback. The requested treatments include 12 sessions of biofeedback and 12 sessions of Cognitive Behavioral Therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral therapy times 12 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 Psychological treatment Page(s): 23, 100-102.

**Decision rationale:** California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions); Upon review of the submitted documentation, it is gathered that the injured worker has undergone some psychotherapy treatment, however there is no clear documentation regarding the number of sessions completed so far or any evidence of "objective functional improvement". The request for Cognitive behavioral therapy times 12 sessions is not medically necessary at this time based on lack of information regarding prior treatment. Also, guidelines recommend total of up to 6-10 visits over 5-6 weeks (individual sessions). The request exceeds the number of sessions recommended per MTUS.

**Biofeedback therapy times twelve 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.

**Decision rationale:** MTUS states "Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success." Per guidelines, evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. The injured worker has undergone some psychotherapy treatment already. The request for Biofeedback therapy times twelve sessions is excessive and not medically necessary.