

<b>Case Number:</b>	CM15-0182618		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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

Certification(s)/Specialty: Psychologist

### 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 54-year-old female who sustained an industrial injury on 12-3-2009. A review of medical records indicated the injured worker is being treated for cervical sprain, left shoulder sprain, upper back sprain, chronic pain, left shoulder surgical reconstruction, past cervical epidurals, and recent pain management. A review of medical records dated 7-23-2015 noted a sprain injury to the upper back, neck, and left shoulder. There was upper back and neck pain to the left side and left shoulder pain down into the lateral deltoid increasing with looking up increasing with reaching with the left shoulder pushing, pulling, and lifting. She had some shoulder blade pain as well. Pain range Pre a 9 out 10 and she can sit to our stand 20 minutes and walk 30 minutes and lift 20 pounds. Physical examination noted tenderness left cervical para vertebral cervical occipital and trapezius muscles more left than right. Left neck rotation was 30 degrees right 60 degrees. Left shoulder raise easily at 160 degrees and right shoulder raise at 160 degrees. There was some tenderness over the lumbar para vertebral muscles and lumbosacral. She had some increased low back pain with bending forward and touch her knee and somewhat increasing with extension 10 degrees. Treatment has included medications, injections, and surgery. Utilization review form dated 9-8-2015 non-certified psychotherapy 6 and biofeedback 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychotherapy x6: 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) Mental Illness & Stress, updated 8/31/15 Psychotherapy for depression.

**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: Cognitive therapy for depression.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 2/27/15. In the Doctor's First Report of Occupational Injury or Illness, [REDACTED] recommended follow-up psychotherapy and biofeedback sessions, which were eventually authorized on 4/1/15. The request under review is for an additional 6 psychotherapy sessions. Unfortunately, there are no records of the psychotherapy services provided following their authorization in April 2015. Because of insufficient documentation to support additional treatment, the request for another 6 psychotherapy sessions is not medically necessary.

**Biofeedback x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Biofeedback therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Biofeedback.

**Decision rationale:** Based on the review of the medical records, the injured worker completed an initial psychological evaluation with [REDACTED] on 2/27/15. In the Doctor's First Report of Occupational Injury or Illness, [REDACTED] recommended follow-up psychotherapy and biofeedback sessions, which were eventually authorized on 4/1/15. The request under review is for an additional 6-biofeedback sessions. Unfortunately, there are no records of the neither psychotherapy nor biofeedback services provided following their authorization in April 2015. In addition, the request for an additional 6-biofeedback sessions exceeds the number of total number of biofeedback sessions set forth by the CA MTUS. As a result, the request for another 6-biofeedback sessions is not medically necessary.