

<b>Case Number:</b>	CM15-0183184		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/12/2008
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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 52 year old female with an industrial injury dated 09-12-2008. A review of the medical records indicates that the injured worker is undergoing treatment for anxiety disorder, major depressive disorder, and recurrent and moderate, pain disorder associated with both psychological factors and a general medical condition. According to the progress note dated 08-06-2015, the injured worker reported lower backache, unchanged pain since last visit, decreased activity level, increased pain and fatigue. Pain level was 9 out of 10 on a visual analog scale (VAS). The injured worker reported that she was not able to function due to increased pain and depressed mood. The injured worker feels more fatigue and exhausted as she cannot sleep. Objective findings (08-06-2015) revealed moderate pain and restricted cervical and lumbar range of motion with tenderness. According to the progress note dated 08-31-2015, the injured worker reported, "I am not myself because of this pain." Mental status exam revealed sad mood. Treatment has included prescribed medications and periodic follow up visits. The treatment plan included psychotherapy, progress report, and customized compact disc. Request for authorization dated 08-31-2015, included requests for customized compact discs for anxiety #4, purchase. The utilization review dated 09-11-2015, non-certified the request for customized compact discs for anxiety #4, purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Customized compact discs for anxiety #4, purchase:** 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), Knee and Leg Chapter.

**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: Mind-body interventions.

**Decision rationale:** Based on the review of the medical records, the injured worker completed a psychological evaluation with [REDACTED] on 5/19/15. In the subsequent report, [REDACTED] recommended follow-up psychological services from a psychologist within the MPN. The injured worker was eventually authorized to see [REDACTED], whom she met with on 8/26/15. In the Initial Psychological Evaluation dated 8/31/15, [REDACTED] recommended psychotherapy, biofeedback, and compact discs for self-guided relaxation. The request under review is based on this recommendation. The ODG recommends the use of mind-body interventions in the treatment of chronic pain as well as psychiatric symptoms. However, the request for 4 customized compact discs for anxiety outside of psychotherapy/biofeedback is not required for the treatment of anxiety. As a result, the request is not medically necessary.