

<b>Case Number:</b>	CM15-0199849		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/07/2007
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

### 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 57 year old female, who sustained an industrial injury on 8-7-2007. The injured worker is undergoing treatment for major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. Medical records dated 8-24-2015 indicate the injured worker is socially withdrawn, has chronic pain and sleeps about 3 to 4 hours per night. The treating physician indicates her emotional condition has deteriorated and is worsening. Her "depression has increased such that she has lost interest in holding onto life." Exam dated 8-7-2015 indicates "thought process appeared anxious and distraught." Physical exam dated 8-7-2015 notes "increase in depressive mood with agitation, pessimism, a lack of motivation, emptiness and alienation." Treatment to date has included 68 individual and group therapy sessions and 2 biofeedback therapy sessions ending 4-17-2013. The original utilization review dated 9-16-2015 indicates the request for cognitive behavioral psychotherapy, 6 sessions over the next 3 months (or more as needed) and biofeedback, 6 sessions over the next 3 months (or more as needed) is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cognitive behavioral psychotherapy, 6 sessions over the next 3 months (or more as needed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state that psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. The guidelines also state that psychological intervention includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders. There should be an initial trial of 3-4 visits of psychotherapy over 2 weeks to determine if there is functional improvement. With evidence of objective functional improvement, recommended number of visits is a total of up to 6-10 visits over 5-6 weeks. In this case the request is for 12 visits. This surpasses the recommended number for the initial trial. The request is not medically necessary.

**Biofeedback, 6 sessions over the next 3 months (or more as needed): Upheld**

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

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

**Decision rationale:** Biofeedback is not recommended as a stand alone treatment but is recommended as an option in a cognitive behavioral therapy(CBT) program to facilitate exercise therapy and return to work. Evidence is insufficient to support the effectiveness for the treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT program. There should be an initial trial of 3-4 visits over 2 weeks. Up to 6-10 visits over 5-6 weeks are recommended with documentation of objective evidence of functional improvement. The patient may continue the biofeedback exercises at home. In this case there is no documentation that the biofeedback was part of a CBT program. In this case the request for 6 visits surpasses the recommended number of 3-4 for initial trial. The request is not medically necessary.