

<b>Case Number:</b>	CM15-0030300		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	01/10/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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 37-year-old male, who sustained an industrial injury on 1/10/2014. He reports a back injury from a forklift collision. Diagnoses include head/neck contusion, thoracic sprain/strain, lumbosacral sprain/strain, depression and anxiety. Treatments to date include therapy and medication management. A progress note from the treating provider dated 1/13/2015 indicates the injured worker reported low back pain and upper back pain with right leg numbness. On 2/9/2015, Utilization Review modified the request for 12 cognitive behavioral therapy sessions to 4, 6 biofeedback sessions to 4 and 3 psychiatrist evaluations to 1, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) Cognitive behavioral therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral therapy.

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

**Decision rationale:** According to the UR notification letter dated 2/10/15, the injured worker completed an initial psychological evaluation with psychologist, [REDACTED], who recommended follow-up psychotherapy sessions, biofeedback, and psychiatric referral for which the requests under review were based. Unfortunately, [REDACTED] evaluation was not submitted for review. Without the evaluation, there is minimal psychological/psychiatric information within the records pertaining to symptoms, diagnoses, etc. Despite this, the request for an initial trial of 12 CBT sessions exceeds the CA MTUS guidelines which recommend an "initial trial of 3-4 visits". As a result, the request is not medically necessary. It is noted that the injured worker received a modified authorization for 4 CBT psychotherapy sessions in response to this request.

**Six (6) biofeedback sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback. Decision based on Non-MTUS Citation ODG biofeedback therapy guidelines.

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

**Decision rationale:** According to the UR notification letter dated 2/10/15, the injured worker completed an initial psychological evaluation with psychologist, [REDACTED], who recommended follow-up psychotherapy sessions, biofeedback, and psychiatric referral for which the requests under review were based. Unfortunately, [REDACTED] evaluation was not submitted for review. Without the evaluation, there is minimal psychological/psychiatric information within the records pertaining to symptoms, diagnoses, etc. Despite this, the request for an initial trial of 6 biofeedback sessions exceeds the CA MTUS guidelines which recommend that biofeedback be used in conjunction with CBT and begins with an "initial trial of 3-4 visits." As a result, the request for 6 biofeedback sessions is not medically necessary. It is noted that the injured worker received a modified authorization for an initial trial of 4 biofeedback sessions in response to this request.

**Three (3) psychiatrist evaluations:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

**Decision rationale:** According to the UR notification letter dated 2/10/15, the injured worker completed an initial psychological evaluation with psychologist, [REDACTED], who recommended follow-up psychotherapy sessions, biofeedback, and psychiatric referral for which the requests under review were based. Unfortunately, [REDACTED] evaluation was not submitted for review. Without the evaluation, there is minimal psychological/psychiatric information within the records pertaining to symptoms, diagnoses, etc. Despite this, the request

for 3 psychiatric evaluations is excessive as one evaluation is sufficient. It will be up to the evaluating psychiatrist to request any additional visits if he/she deems it necessary. As a result, the request for 3 psychiatric evaluations is not medically necessary. It is noted that the injured worker received a modified authorization for 1 psychiatric evaluation in response to this request.